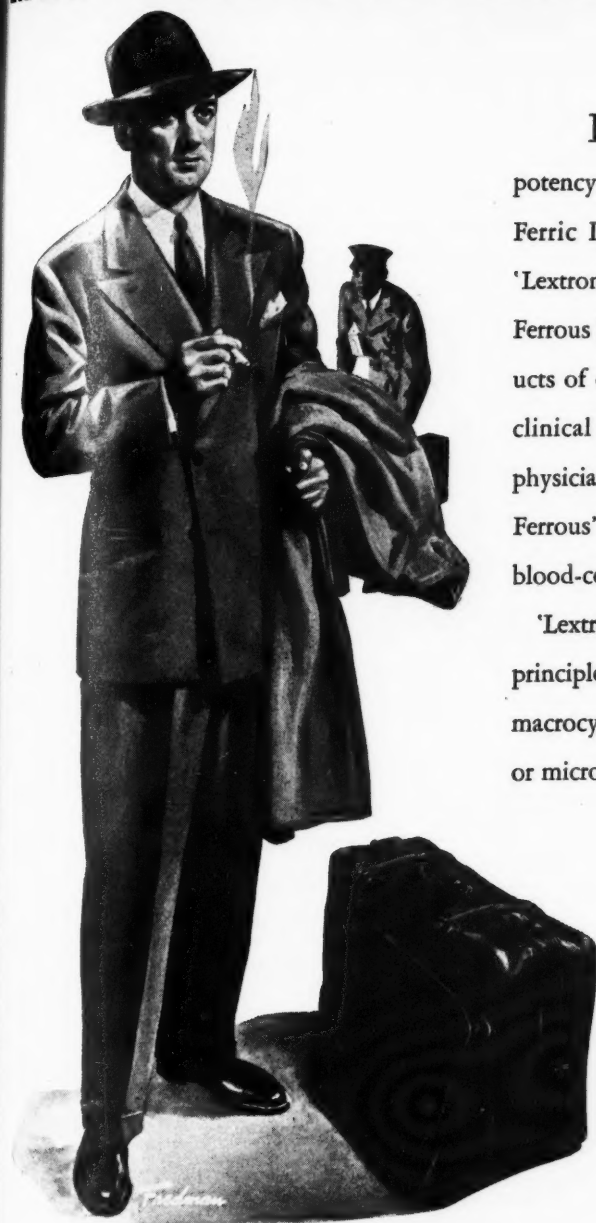
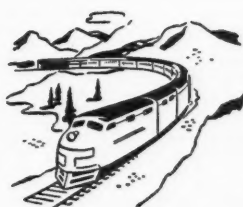


MEETING THE NEEDS OF THE PATIENT



BECAUSE of ready availability and consistent potency, 'Lextron' (Liver-Stomach Concentrate with Ferric Iron and Vitamin B Complex, Lilly) and 'Lextron Ferrous' (Liver-Stomach Concentrate with Ferrous Iron and Vitamin B Complex, Lilly) are products of choice for patients who must travel. Careful clinical observation and scientific control assure physicians that proper dosage of 'Lextron' or 'Lextron Ferrous' will produce a standard response in red-blood-cell formation and hemoglobin production.

'Lextron' and 'Lextron Ferrous' contain antianemia principles effective in both pernicious and related macrocytic anemias, as well as in certain secondary, or microcytic, anemias.



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HOW GOOD IS A MOVIE STAR?



It's an axiom in Hollywood that a star is only as good as his or her last few pictures.

We think that this could be applied to the producers of laundry compounds, too. What a firm did five or even two years ago is not a proper guide to their ability to cope with today's complex and exacting demands.

Here at McKague's we are producing McKemco Dish-washing and Specialized Laundry Compounds scientifically prepared by our chemists to meet specific water conditions in your plant. In our files, we have analyses of water from practically all locations. With this information at their finger-tips . . . our skilled chemists can turn their abilities toward the production of products "custom-built" to suit your exact requirements.

Phone or write us for further details of our products and service.

Dish Washing Compound

The hardness of the water in your locality should determine the type of dish washing compound you use. We custom-build our cleansers to suit your own local conditions not only for efficient cleansing but ALSO to prevent the formation of scale on your machine.

Specialized Laundry Compounds

Here again we are prepared to meet prevailing water conditions to assure high detergency value and low tensile strength loss to the fabrics.

McKemco Detergent

For cleaning tile, terrazo, basins, bathtubs, sinks, etc., maximum cleansing properties with minimum abrasive action.



Sterilizer

ROCCAL—the new sterilizing compound for glasses and dishes. Gives positive sterilizing and has no odour. It does not irritate operator's hands.

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The Federation of Hospital Associations in Canada
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The CANADIAN HOSPITAL

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AS TRUE AS THE FRUIT ITSELF



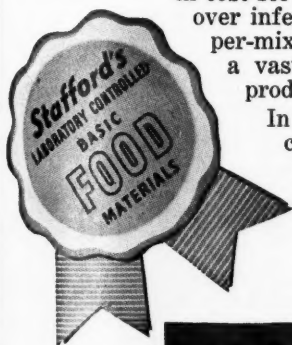
full bodied, smooth VANILLA, rich STRAWBERRY, a delicate MAPLE . . . these three favourites and thirty others, are yours for the choosing.

Stafford's Flavors

Mother nature would be proud of the variety and true quality in STAFFORD'S FLAVORS! Delicately blended by experts in the art, STAFFORD'S FLAVORS capture the true essence and individual flavor of the fruit itself.

For the little amount of flavor used per mix, it pays to use the best. The small difference in cost for STAFFORD'S quality FLAVORS, over inferior grades, when figured on a cost-per-mix basis, is hardly noticed . . . but what a vast difference it makes in the finished product.

In buying flavors you have to put fullest confidence in the manufacturer . . . that's why STAFFORD'S FLAVORS find favour everywhere.



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IN THE TRADITION OF CLEANLINESS



**Hush?
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CERTAINLY NOT!



HYPRO Toilet Seat Covers (DISPOSABLE)

SHOULD BE IN EVERY WASHROOM

Ultimate cleanliness in the washroom depends on many things . . . One highly important factor is hygienic protection from toilet seats.

Hypro Toilet Seat Covers blanket the entire seat—give full protection against possible lurking infections and filth. They're self-disposing, too.



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Why are Canadian Hospitals from Coast to Coast Using Empire Surgeons' Blades?

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SURGICAL SUPPLIES (CANADA) LIMITED

ANTISEPSIS

The testimony of the medical press

The first paper on 'Dettol' was published in 1933.* It dealt with only one property of this new antiseptic—its bactericidal power against hæmolytic streptococci; and only one application of this property—the prevention of puerperal infections. In this paper, 'Dettol', on the basis of an investigation at London's great maternity hospital, Queen Charlotte's, was described as more effective than any antiseptic hitherto used in obstetric practice. Within a few months of its adoption as the routine antiseptic, the incidence of maternal infections had fallen by over 50 per cent.

Many confirmatory papers followed, and in a few years it became evident that the uses of 'Dettol' were virtually co-extensive with the whole field of antiseptics. Clinical and laboratory investigations alike attested to the dependability of 'Dettol' in all the contingencies of practice—surgical, medical and obstetric—that called for an antiseptic combining effective bactericidal activity with gentleness to sensitive and wounded tissues, even at full strength.

'Dettol' applied to the patient's skin has been found to confer immunity to reinfection by *Strep. pyogenes* for a period of hours. In the treatment of injuries it has an established place, both

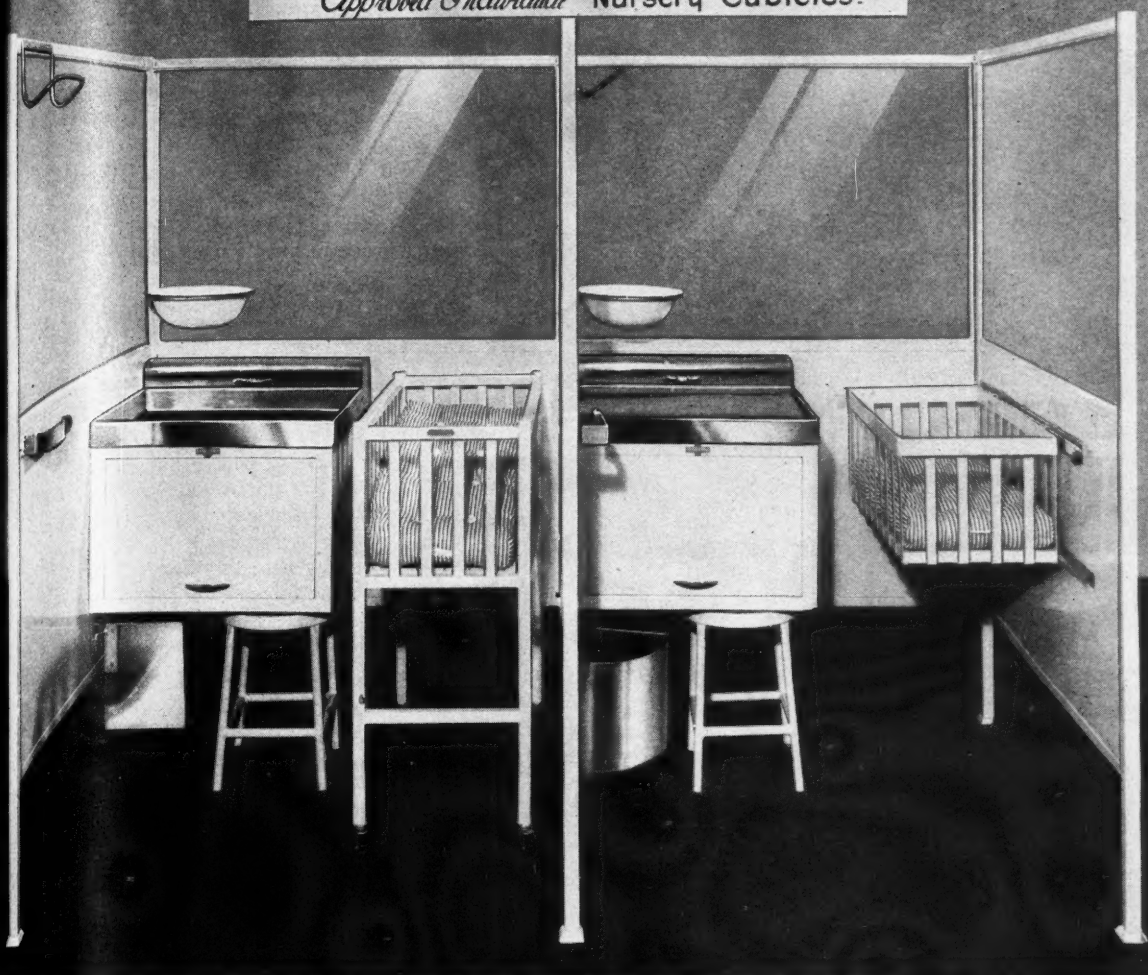
because of its sustained activity in the presence of blood and other organic matter and because, unlike the irritant and corrosive phenols and cresols, it leaves the natural mechanisms of healing unimpaired. In conditions calling for repeated antiseptic application it has the advantage that 'Dettol' is non-toxic and, unlike iodine, can be repeatedly applied to the skin. In midwifery practice the 'dettolising' of patient, nurse and practitioner alike has become the most generally practised antiseptic routine.

The special claims of 'Dettol' rest not on one quality alone, but on a combination of qualities to which attention has been repeatedly drawn in papers in the medical and scientific press; above all, on a high bactericidal power against a diversity of organisms (including *Strep. pyogenes*, *Staph. aureus*, *Bact. coli*, and *Bact. typhosum*), non-toxicity, and harmlessness to tissues. Because 'Dettol' embodies in high degree these minimal requirements of a general-purpose antiseptic, it has virtually superseded every other antiseptic in the hospitals of Great Britain; and, because it is so safe and dependable, practitioners never hesitate to recommend it to their patients as the ideal antiseptic for their personal use in the home.

* *Brit. med. J.*, 1933, 2, 723

METAL CRAFT

Approved Individual Nursery Cubicles.



Pictured above are the 2 types of Metal Craft Government approved Nursery Cubicles now being specified for the modern nursery.

These new Nursery Cubicles are built especially for modern Hospital Nurseries and include all the detail, convenience, and sanitary qualities for an up-to-date service.

When considering additions or alterations be sure to specify METAL CRAFT Equipment.

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Write for estimates and suggested layouts to suit your needs.

INDIVIDUAL NURSERY CUBICLES

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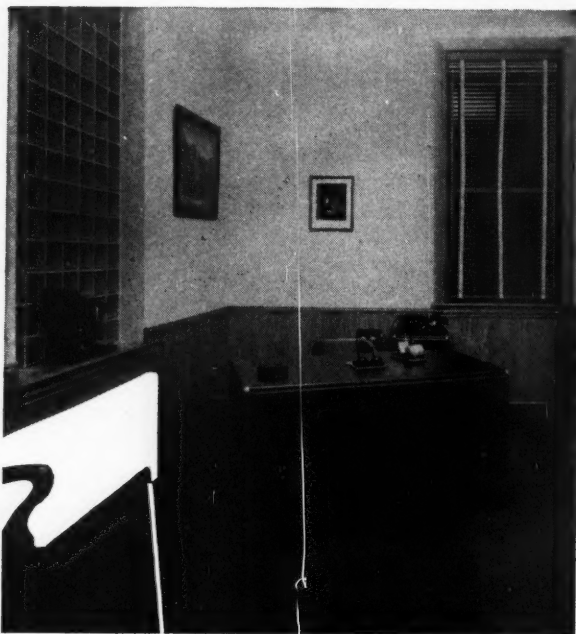
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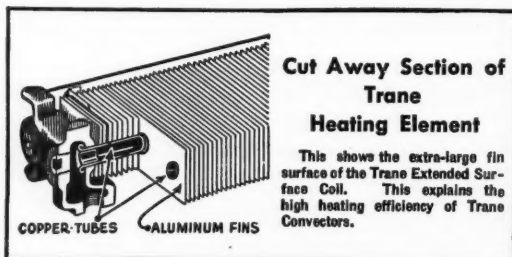


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Right in the front office and right out on the production line you'll find Trane industrial heating. Trane Convectors in the office provide smart appearance, harmonizing with the scheme of decoration desired, permitting maximum use of floor space. Trane Unit Heaters and Trane Projection Heaters out in the plant supply generous amounts of heat where needed to provide employee comfort. For further information about Trane industrial heating, use the coupon.



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Across the Desk

By C. A. R.

Fundamentals of Purchasing

THE responsibility of the hospital to the public is manifested in the responsibility of the purchasing agent to his institution. Once the importance of centralized purchasing is recognized, amazing dollar savings may be effected. All purchases, repairs, requests for prices, correspondence with suppliers, adjustment negotiations and salesmen should be handled through the single channel of the purchasing department.

Complete simple records with as little red tape as possible should be a law in all purchasing offices, according to O. G. Sawyer, Purchasing Agent of Duke University, Durham, S.C., in an address at the Third Wartime Conference of the A.H.A. at Cleveland in October. A sufficient knowledge of law to enable understanding of the relationship between the purchasing agent and the hospital, and the legal consequences of the acts performed in the hospital's name is essential.

Obtaining the quality necessary for satisfaction in this case far exceeds the problems of price and durability. Quantities to be purchased are determined from known factors of demand, supply and cost, but stock on hand represents money, and overbuying is a costly extravagance.

* * * *

Congratulations!

General Electric X-Ray Corporation and Victor X-Ray Corporation of Canada, Limited, are this year celebrating their fiftieth year of service in x-ray research.

Pioneers in the science of x-rays since the early days of the gas-type x-ray tubes, their Collidge hot cathode tube developed in the G-E research laboratories in 1912 revolutionized x-ray procedures. Today, Collidge tubes are available for every modern x-ray application, for operation at voltages as high as 2,000,000.

* * * *

1,800,000 Babies Registered on Cardwheel

"Cardwheel" was chosen by the Canadian Government as an index to the ledger cards which provide the names and addresses of all babies in Canada eligible for the Baby Bonus. Streamlined Cardwheel units were supplied to key points across Canada.

The Cardwheel reference and posting system is very compact and it only takes the operator a matter of seconds to refer to any one item or any number. Cardwheel speeds record systems.

Seeley Systems Corp., Limited, Toronto, will supply hospitals with particulars of institutional systems on request.

* * * *

New Oxygen Tent Folder

The Ohio Chemical & Mfg. Co. has just published an illustrated pamphlet on its "75-B" oxygen tent. Motorized, portable, easily set up by one person, the many features of this complete tent are described in the folder. For a copy write to The Oxygen Company of Canada, Limited, Toronto or Montreal.

C. A. E.

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SWEEPING

COMPOUNDS
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• • • There's a Dustbane specialized sweeping compound for every floor cleaning job! Efficient, economical—used in leading plants across Canada!

DUSTBANE: For all types of floors, especially varnished or waxed.

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DUTCH-DUSTLESS: Oil sawdust compound for wood and cement floors. Leaves slight oil film on floor.

PURE SISAL: For all types of floors. Contains pleasant active deodorant and disinfectant. Economical!

KLEEN SWEEP: Oil type compound for cement and wood floors.

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Call our nearest office
for samples and prices.

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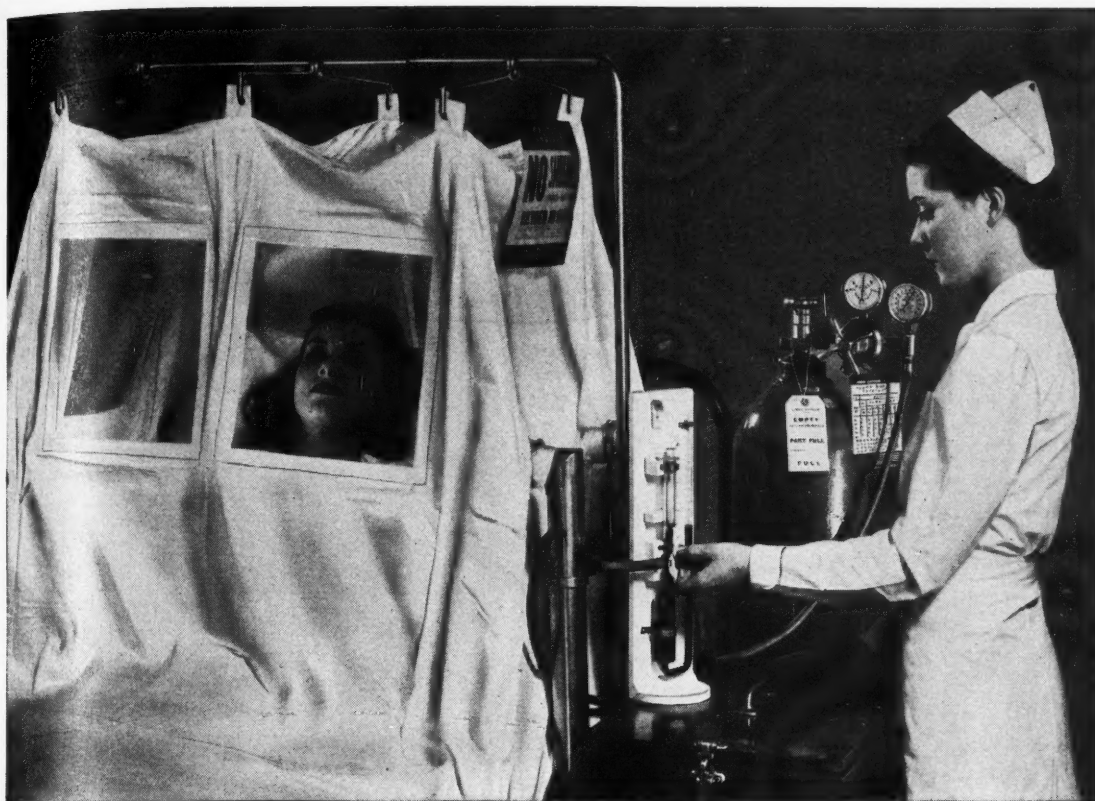
MAY, 1945

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Bland's
Tailored Uniforms
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When Oxygen Therapy is Indicated

EARLY ADMINISTRATION AND ADEQUATE DOSAGE ARE IMPORTANT

Early Administration—Medical literature has long emphasized the importance of early administration of oxygen in treating anoxia. One writer has stated, "Clinicians often fail to appreciate the patient's need for oxygen until too much time has passed." Favorable results which have been obtained when oxygen is administered early—even before it becomes a "necessity"—have prompted many physicians to prescribe oxygen at the first evidence of anoxia, lest irreparable damage occur.*

Adequate Dosage—When oxygen is administered by tent, as illustrated, adequate oxygen can be assured only by maintaining within the tent canopy a sufficiently high oxygen concentration

to overcome or relieve the patient's symptoms of anoxia. An oxygen analyzer must be used at frequent intervals to make certain that this concentration is being maintained. Such periodic checks, by revealing any need for adjusting liter flow, will also help to determine whether the tent is operating efficiently.

The Oxygen Therapy Handbook, which describes operating techniques for all types of oxygen-administering apparatus, is available without charge on request.

* References to the medical literature, or reprints when available, will be furnished on request.

DOMINION OXYGEN B.P.

OXYGEN THERAPY DEPARTMENT

DOMINION OXYGEN COMPANY, LIMITED

159 Bay Street

DOC

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"Dominion" and "DOC" are trade-marks.

Launder Stained Linens This Effective Oakite Way!

Ointment, grime, blood stains, etc., can be more effectively removed from bed linens by using 4 ounces of Oakite Penetrant to each 100 lbs. load in your break operation.

Then, when making up your boiled soap stock use that highly effective soap-builder, Oakite Composition No. 82.

Even if you are in a hard water area, you'll be surprised at the thick, lasting suds you'll get from this widely-used material. The lime-solubilizing properties of Oakite Composition No. 82 help produce a better, cleaner, whiter-looking load.

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Helpful booklet containing 9 performance proved soap-saving formulae gladly sent FREE on request!

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We specialize in Institutional Equipment and sell direct. May we send you quotations on any of the above lines you may require?

BRITISH & COLONIAL TRADING CO. LIMITED



284-286 Brock Avenue
TORONTO

Across The Desk

(Continued from page 12)

Announces Expansion

Mr. G. H. Wood, President and General Manager of G. H. Wood & Company Limited, Toronto, an-



G. H. Wood

ounces an important expansion in the Company's operations.

With the recent establishment of offices in six additional cities, the Company now operates twenty-three branches, with seventy salesmen serving in excess of twenty-five thousand accounts throughout Canada.

Recent additions to the sales force have been chosen largely from men discharged from the

armed forces. Salesmen are required to complete a six to eight-week course of training to become fully conversant with the Company's products and policy.

As a direct result of research, the Company will shortly release to the Canadian market many revolutionary products as soon as laboratory and field tests have been completed.

The Company has made rapid strides in the past decade and is now recognized as the largest manufacturer of Industrial Sanitation and allied products in the British Empire. Its future is exceptionally promising.

* * * *

\$350,000 Extension to Crane Plant

Ground was broken on April 2nd for the erection of additional brass foundry and cleaning capacity at the St. Patrick Street works of Crane Limited in Montreal. It is expected to be in production by September.

The new addition, the third to be erected by Crane Limited since 1941, will be 80' x 144' in area, and will house the very latest types of melting furnaces, and moulding and casting equipment. It is being constructed adjacent to an existing building 80' x 80' in area in which will be installed the most modern conveying and cleaning apparatus.

* * * *

Helpful Explanation

When the newlyweds boarded the train, the embarrassed groom tipped the porter liberally to not disclose that they were just married. Next morning, on the way to breakfast in the diner, they were greeted with many grins, stares and craning necks. The groom upbraided the porter.

"Nassuh, Boss," George replied, "Ah didn't tell 'em. When dey asked me if you was just married, Ah says, 'No suh, dey is just chums'".

MASTER

STAINLESS STEEL HAEMOSTATIC FORCEPS



MASTER stainless steel forceps are non-corrosive...non-peeling...of amazing durability. You may select MASTER forceps with the sure knowledge that they are the finest and least expensive instruments on the surgical market. Unconditionally guaranteed by dealer and factory for 2 years.

MASTER SURGICAL INSTRUMENT CO.

IRVINGTON, N. J.

YOUR FAVORITE DEALER CARRIES MASTER FORCEPS
AND SURGICAL SCISSORS. HE WILL GLADLY SUBMIT
PRICES AND PARTICULARS ON REQUEST.

EXCLUSIVE DISTRIBUTORS IN CANADA: **THE J. F. HARTZ CO. LIMITED**, Toronto, Montreal
THE STEVENS COMPANIES, Toronto, Winnipeg, Calgary, Vancouver

Which suture will break first

1.

Hand-Polished Surgical Gut Suture

Meeting U.S.P. Requirements

Size 1, charted by the photoelectric microgauge, shows diameter irregularities along entire length of strand.

2.

Ethicon Tru-Gauged Surgical Gut Suture

Size 1, charted in same manner by the microgauge, shows gauge-uniformity resulting from exclusive Tru-Gauging process. This gauge-uniformity gives greater strength by eliminating "low spots" that cause weakness.

The proverb, "A chain is no stronger than its weakest link," holds true in the science of suture making . . . By having no "low spots" Ethicon eliminates the "weak links" that cause breakage.

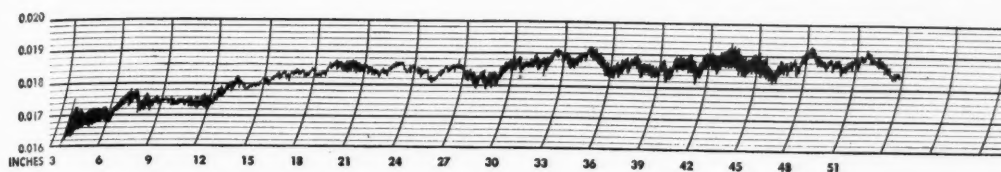
In the graphs above, made on a specially-constructed photoelectric microgauge, it is demonstrated that a hand-polished suture meeting U.S.P.

requirements may vary in diameter more than six times as much as the Ethicon suture. Ethicon's superior gauge-uniformity, giving greater uniformity of strength, is accomplished by the exclusive Johnson & Johnson Tru-Gauging process. For all that is best in a suture . . . to serve your skill as a surgeon . . . specify Ethicon.

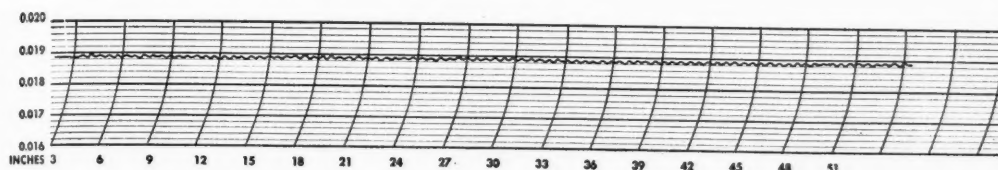
ANOTHER ETHICON EXCLUSIVE — To guard against premature absorption in tissue, Ethicon's Tru-Chromicizing process gives uniform chrome deposition from center to periphery.

Johnson & Johnson
LIMITED MONTREAL

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MICROGAUGE SCANS ENTIRE LENGTH OF SUTURE



ETHICON
LOCK KNOT
SUTURES
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Featuring

**The Results of Continued
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The STERLING trade-mark on
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the name implies.

Confidence!



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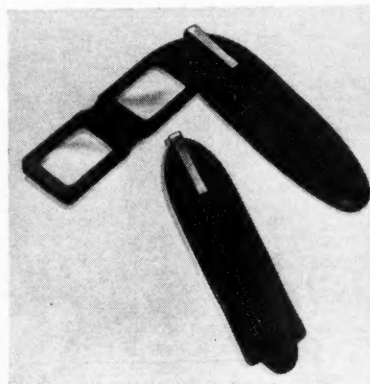
Across The Desk

(Concluded from page 16)

Twin Reader Provides Magnification

Edroy Products Co., New York 17, N.Y., manufacturers of Magni-Focuser Binocular Eye Loupes and other optical instruments, announces an innovation in hand magnifiers, now in production, to be known as Twin Reader.

This unit is of the binocular type incorporating sci-



tifically matched and balanced dual lenses of the finest optical glass. The lenses are mounted in a holder which folds back into a compact and attractive plastic handle.

Due to its design it can be held in a viewing position with either hand.

Twin Reader will enable you to examine objects greatly magnified, with the clarity of normal third-dimensional vision or true depth perception with freedom from distortion and aberrations. This instrument may be used in conjunction with corrective glasses and people with subnormal vision will find it a great aid to better vision. However, Twin Reader is not designed to take the place of corrective glasses but merely to provide magnification and sharper binocular vision.

* * * *

Iris Evans to Montreal

Miss Iris Evans, who has been associated with Burroughs Wellcome & Co. (U.S.A.), Inc., New York, for a number of years has recently been transferred to the Montreal Branch of the Company where she will be in charge of advertising.

* * * *

Properties of Calmitol

When pruritus becomes an added burden in the management of the hospitalized patient, Calmitol presents the specific properties needed to arrest the itching promptly, obviate the desire to scratch and permit of restful sleep. A single application usually is effective for several hours, the makers state.

Calmitol (camphorated chloral, menthol, and hyoscine oleate in an alcohol-chloroform-ether vehicle) stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. Where the skin is unbroken in nontender body areas, Calmitol Liquid may be employed, especially when the itching is severe. Calmitol Ointment, containing 10% of Calmitol Liquid in a suitable base, is bland and nonirritating, hence it is used safely on any skin or mucous membrane surface.

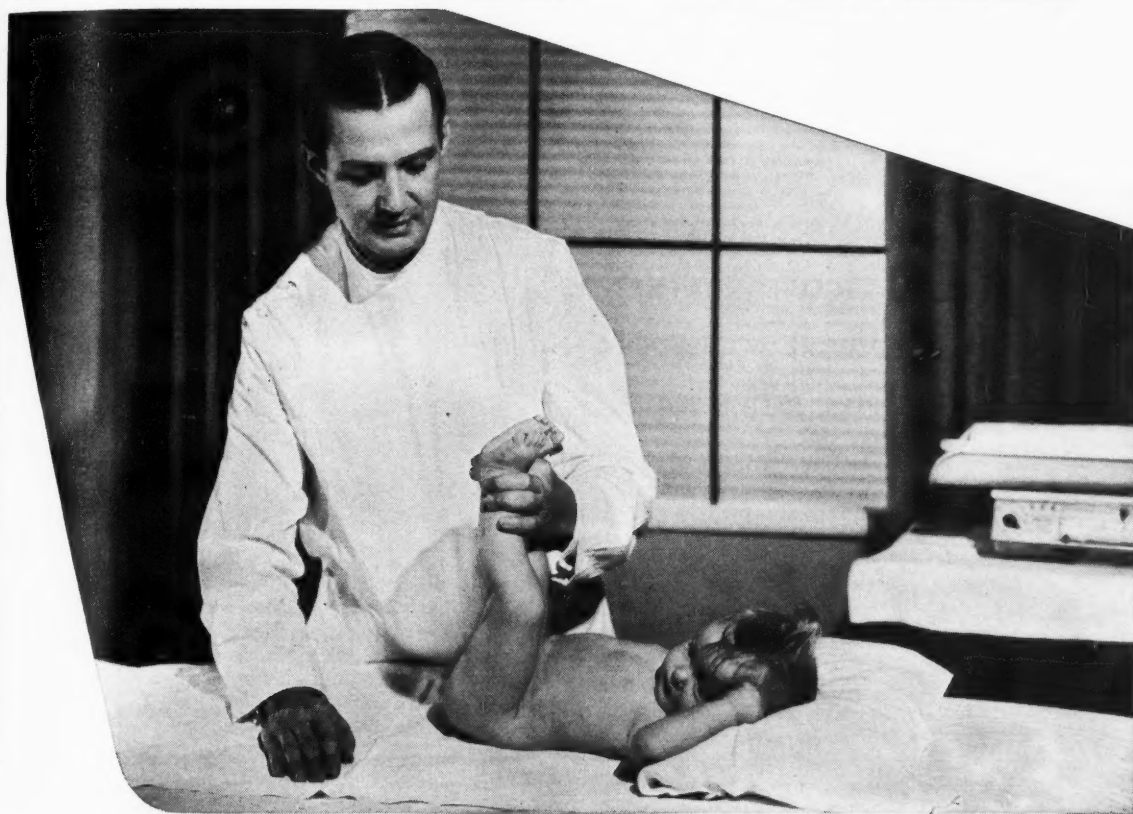
Leeming Miles Co. Limited, Montreal, are the distributors.

*In the prevention
of*
**SECONDARY
INFECTION**

PRURITIC affections of infants and children present a major problem which must be instantly solved—the prevention of scratching to obviate secondary infection. Since children cannot be appealed to on a “reason why” basis, removal of the causative pruritus is the only effective means of approach. Regardless of the lesion or other indicated medication, Calmitol stops the itching of infants and children. Its action is prompt and thorough, thus allays the desire to scratch and lessens the threat of secondary infection. Calmitol is thoroughly bland hence does not induce irritating dermatitides even on youngest infants’ skin.

The Leeming Miles Co. Ltd.

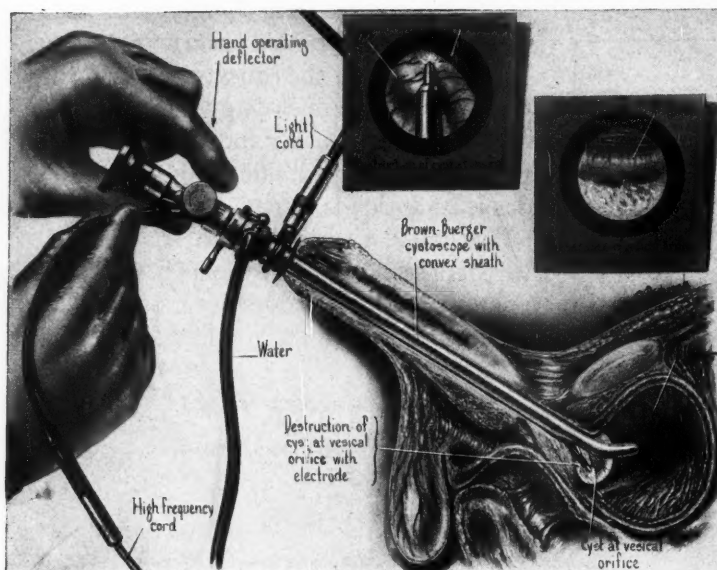
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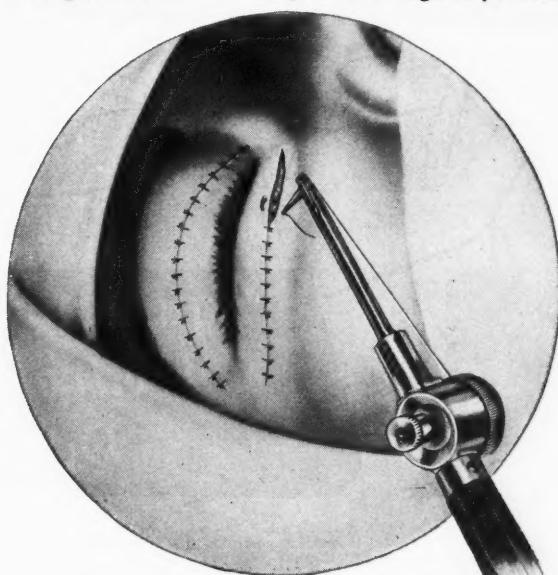
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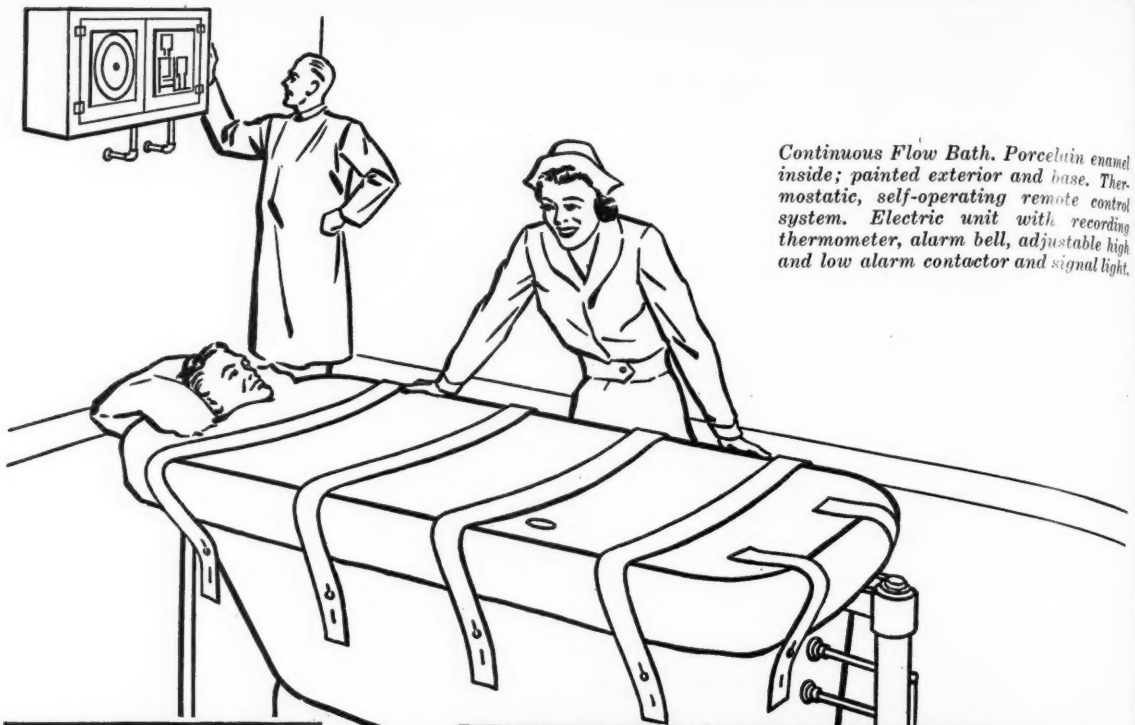
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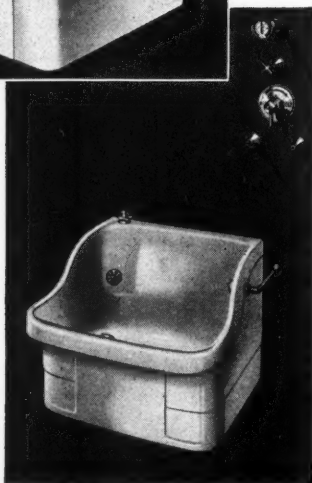
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CANADIAN HOSPITAL

Harvey Agnew, M.D., Editor

Toronto, May, 1945

Vol. 22

No. 5

Unusual Analysis of Costs Nearing Completion in Ontario

By **NORMAN H. SAUNDERS,**
Director of Study, Joint Study Committee

ONE of the most extensive studies covering the costs of providing hospital care ever to be made in Ontario is now nearing completion. The final report will give data on the cost of standard services to in-patients in one hundred and eleven public general hospitals in the province. The report will also include the additional daily per capita cost of extra services provided semi-private and private in-patients; the cost of nursery care; the daily per capita cost of interest on long term loans and depreciation on buildings and equipment; and the cost per treatment for various out-patient services.

The study covers the twelve-month period ending December 31st, 1943, the latest accounting period for which detailed information was available at the time the analysis was commenced, and takes into considera-

tion the trend in costs for the first six months of 1944. The total operating expense of the public general hospitals in Ontario exceeds \$17,500,000 per annum, and it was with a view to ascertaining how costs were distributed on a per capita basis according to standard services, extra services for semi-private and private patients, and for special services, that the analysis was undertaken.

The survey has been made at the request of the Minister of Health for Ontario by a Joint Study Committee composed of representatives of governmental departments and the Ontario Hospital Association. It is the outcome of an earlier study of costs of a representative group of some twenty-eight hospitals for the year 1942 which pointed to the need for a more extensive analysis. The latter study was under the able direction of Mr. F. D. Beauchamp, whose

advice and guidance in planning the current survey contributed immeasurably towards its success.

Detailed Study

In order that the analysis could be made on a uniform basis and that the resultant figures would be comparable, the hospitals were asked to complete twenty-two schedules. These schedules, together with instructions, were drawn up in consultation with a volunteer group of hospital accountants and administrators who later visited the hospitals and assisted in the completion of the forms. The data supplied by hospitals included, in addition to detailed statements of expenditures, such information as the floor area of all departments; the number of telephones by location; particulars of the graduate and non-graduate nursing days; the number of lodging and meal days; radiologi-

This study is one of the most carefully planned and elaborate studies of which we have knowledge. Already extending over eighteen months, it has involved the sending out all over the province of carefully-instructed hospital accountants, lent by numerous hospitals, to be certain that returns are based on the same interpretations. Despite uniform returns for many years, it is now felt that really accurate and comparable statistics are being obtained for the first time. The results will be surprising and, to some, disconcerting when published. Mr. Saunders' modesty leads him to gloss over the tremendous amount of work done by himself and his voluntary committee of hospital administrators and departmental officials. This spring a full staff of nine, including three experts in accounting, have been working on the Survey and the cost has already run into approximately \$9,000.—G.H.A.

cal films; laboratory procedures and visits to emergency and out-patient departments.

One hundred and eleven hospitals, representing more than 98 per cent of the total bed capacity of all public general hospitals in Ontario, supplied the required information. Only five hospitals, with a combined capacity of 246 adult beds and bassinets out of a total bed capacity of 15,633 beds in the province, were unable for various reasons to supply the necessary data in time to be included in the study.

Practically no difficulty was encountered by hospitals in giving full particulars of expenditures in a form

that could readily be adapted to the analysis. This was in a measure due to the fact that audited statements and copies of returns to the Inspector of Hospitals were available, permitting necessary reconciliation.

It was found that few hospitals insist on adequate records of the number of treatments given or examinations made in special departments during the year. In most hospitals it was necessary to estimate the amounts of surgical supplies, drugs and medications distributed to departments and collectively to public ward, semi-private and private patients. Few hospitals, large or small, have found it necessary in the past to keep a record of lodging or meal

days, and allowances for these items used for income tax purposes were generally accepted as the basis of estimation. In many instances the completion of the required schedules by hospitals was delayed owing to changes in clerical and office staff and to the new employees not being familiar with hospital records.

Half Million Computations

Full charge of the detail work of the survey, from the preliminary planning of schedules to the supervision of the final analysis, was in the hands of Mr. R. W. Longmore, whose skilled services were made available to the Joint Study Committee through the co-operation of Mr. C. J. Decker, superintendent of the Toronto General Hospital. The magnitude of the work entailed in the analysis alone may be appreciated when it is realized that in the neighbourhood of half a million computations were required and that every step in distribution of costs required careful checking. All procedures followed were thoroughly tested before being adopted, with the result that the final report when released will present, as near as possible, accurately defined costs based upon figures and allied information supplied by the hospitals concerned.



*Springtime
in the
Maritimes.*

*C.P.R.
photo.*



Colonel Mewburn Pavilion Opened at Edmonton

A STRIKING example of co-operation between military and civilian authorities for the treatment of Canadian servicemen is the arrangement at the University Hospital in Edmonton. In addition to 125 Department of Veterans' Affairs patients already being cared for in the hospital proper, there has recently been opened the Colonel Mewburn Pavilion, a \$500,000 structure with a minimum capacity of 250 beds, for the hospitalization of veterans from northern Alberta.

The new pavilion, while administered by the Department of Veterans Affairs, is serviced and staffed by the University Hospital. This applies to medical, nursing and food

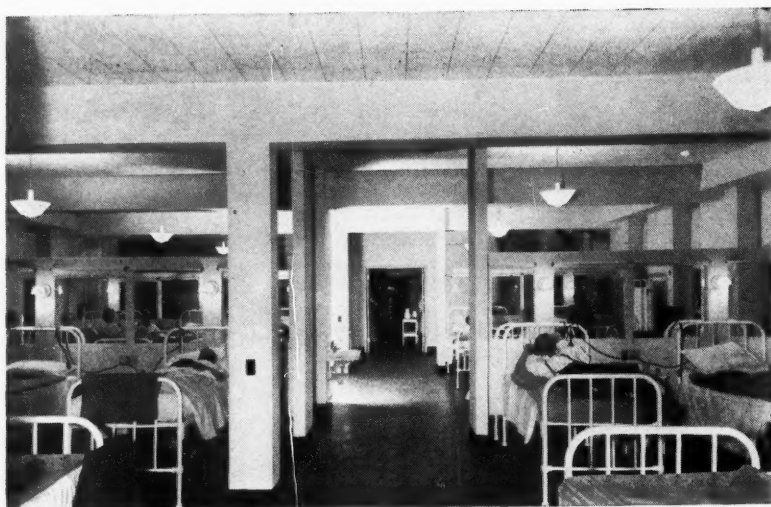
services, for which a staff of approximately 400 is needed. The pavilion is under the direction of Dr. D. G. MacQueen, sub-district administrator and assistant Chief Medical Officer for the Department of Veterans' Affairs in Edmonton. Superintendent of the University Hospital is Dr. A. C. McGugan.

Although all types of injuries are treated, emphasis is laid on orthopaedic surgery. A complete orthopaedic limb and appliance plant is right on the premises.

The pavilion is a three-storey brick and steel structure, fire-proofed

Above: Main entrance of the University Hospital at Edmonton.

throughout. It is in the form of an "H", 240 feet long and 115 feet wide. The west wing of the ground floor is used entirely for physical medicine. A staff of about fifteen is required for this department, including medical officers, physiotherapists and occupational therapists. The first floor of the building has accommodation for about forty patients in one, two and four-bed wards. This floor also houses the dental clinic, with three chairs. In addition there is a fine library, which an interested service group has agreed to stock with 1,500 good books each year. A spacious billiard room will add much to the enjoyment of up-patients, and a canteen operated by the Canadian



Above: One of the seven 25-bed wards.

Right: The built-in theatre seats 250.

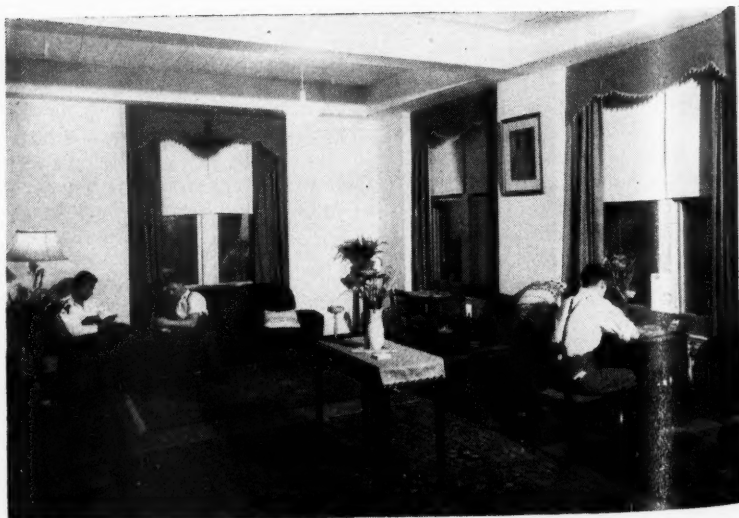


Below: One of the nine comfortable lounges.

Institute for the Blind is also situated on this floor for the convenience of visitors.

The south side of the connecting link of the "H" is occupied completely by a theatre which will seat about 200 people, which can be used either for motion pictures or for stage entertainment. There is a modern projection room, while "visiting artists" can be comfortably accommodated in the up-to-date dressing rooms, equipped with showers, etc.

The north half of the connecting link of the "H", which is about the same size as the theatre, is designed for the manufacture and fitting of artificial limbs. The west wing of



this floor has a clinical laboratory, a number of doctors' offices and an orthopaedic section.

The second and third floors are devoted entirely to patients, with about 100 patients to each floor. In general the second floor is used to accommodate surgical patients while the third floor is used for medical patients. One half of the second floor is reserved for orthopaedic surgery, with about 60 beds for this purpose. There are no large open wards, the wards being broken by partitions into three, four and six-bed sections. For each ward there is a large lounge, furnished by various service clubs and other organizations in the city.



The first hospital, purchased in 1906.

result was that the first patient, a C.P.R. employee, had to be taken in through a window!

The moving spirit in the founding of the hospital was a Mr. George Elliott, who proposed the then-revolutionary idea that the hospital should be maintained out of public taxes, instead of private donations. He persuaded the city council to accept this departure from established custom, and was also instrumental in negotiating agreements with the Canadian Pacific Railway and one of the coal mines in the town, by which the hospital would care for any employees who enrolled in a pre-payment insurance scheme at \$1.00 a month.

The little hospital weathered its first years, including a serious epidemic of typhoid, and it was decided that its success warranted expansion. At that point the provincial government stepped in with the proposal that if the hospital would build on the provincial university grounds, the government would assist materially in meeting the cost of construction and would take steps towards building a medical school, with which the hospital would be affiliated.

This building, known as the Strathcona Hospital, was completed in 1914, there being then 84 beds in use, with room for 66 more. In 1916 it was turned over to the Military Hospitals Commission for the use of returned soldiers.

At the close of the First Great War the hospital was formally turned over on November 1st, 1922, and became the University Hospital.

The Pavilion is connected by an elaborate underground tunnel, fully air-conditioned, to the older building. Heating is furnished from the older hospital's steam plant with all pipes routed through the underground tunnel to the new pavilion. The University Hospital provides intern service, and operating theatres are all centralized. While the new wing has its own fully-equipped diet kitchens, it is serviced from the central kitchen of the hospital.

Flooring is chiefly tile, with the exception of some rooms where marble is used. A dustproof system of storm windows is another feature. Indirect lighting is installed throughout, and ceilings and walls are sound-proofed.

Planned by federal government architects, it is closely modelled after that of the new Ottawa hospital for wounded veterans. G. Heath MacDonald was consulting architect, and construction of the building was started in December, 1943.

The Provincial Government has agreed to assist in the building of a

nurses' home for the University Hospital, with construction to be started very soon. The building will house approximately three hundred and twenty-five nurses. It is expected that the building will accommodate some seventy nurses from the new tuberculosis sanatorium which is soon to be built on the hospital grounds. The sanatorium will have a bed capacity of between two and three hundred.

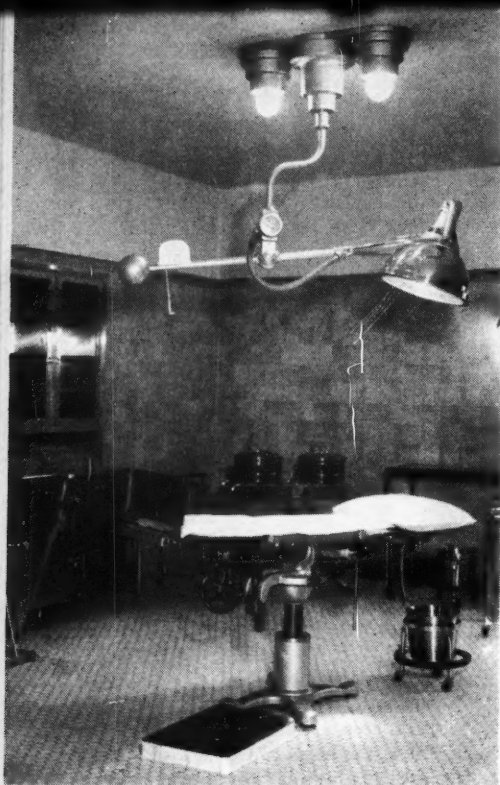
At present the hospital is negotiating with the Federal Government for the construction of a mental reception hospital, to be affiliated with the University Hospital.

Early History

This ambitious programme of expansion of beds and facilities is a far cry from the humble beginnings of the hospital. The first building was an abandoned rooming-house, purchased in 1906. The owner, on giving up the house, had left it in care of an agent, but had omitted to leave him the key. The interesting



Exterior view of the Colonel Newburn Pavilion.



New Operating Room for Eye Surgery at Winnipeg General

By HARRY COPPINGER, M.D.,
Superintendent, Winnipeg General Hospital

FOR several years the Winnipeg General Hospital has felt a definite need for an operating room in which none but clean eye cases would be dealt with. The increasing volume of cataract work demanded that special facilities be made available in order to minimize the danger of infections.

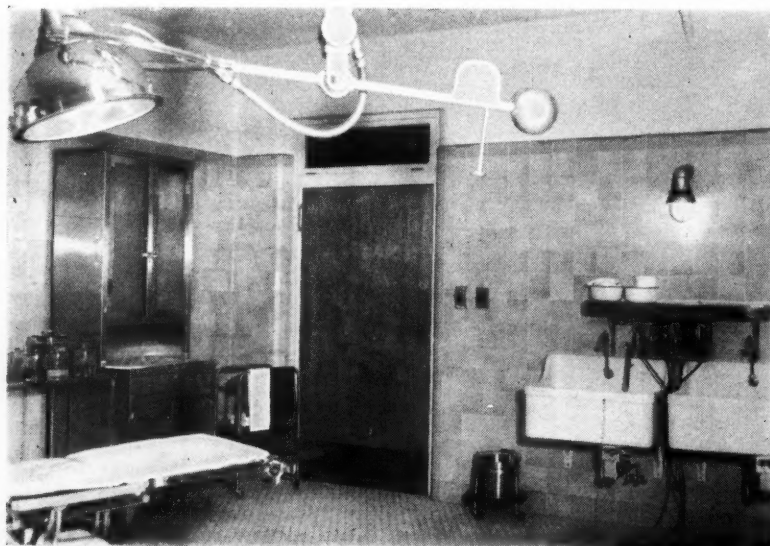
A light-well at the east end of the operating room suite and immedi-

ately adjacent to the operating rooms of the Eye, Ear, Nose and Throat Department afforded a space of 26 feet by 18 feet. Except for bricking in a small aperture, the four walls necessary were already in being. Mr. J. T. Boyd, a member of the Board of Trustees, generously paid for the construction. The floor is of white ceramic tile and the walls are covered with tiles which are of a soft

shade of green and have a dull finish, thus reducing glare to a minimum. The room is wired for both A.C. and D.C. current. All electrical outlets, and the lights themselves, are explosion proof. An innovation was an island of electrical outlets in the floor, so placed as to come under the head of the operating room table. This was done in order to avoid having wiring from plug-in equipment lying on the floor for unwary feet to trip over. There are, of course, plug-in outlets on the walls as well.

The equipment was provided by Mr. R. S. Ramsay, prescription optician, in memory of his sister, Mrs. Isobel MacKay, who had been a graduate of the Winnipeg General Hospital School of Nursing. All equipment, including ceiling light fixture, is of stainless steel or chrome finish material.

The room has been in use since the beginning of the year and has proven satisfactory in every way. The absence of glare from the walls is appreciated by the surgeons. The ceiling light fixture is very flexible and its beam can be directed wherever it is needed. All in all, the new room is giving the service which it was hoped would be provided.



Labour Union Adopts Questionable Tactics at a Toronto Hospital

MUCH concern has been aroused over the tactics adopted by labour organizers and agitators in dealing with the situation at one of Toronto's large hospitals. A number of hospitals in various parts of Canada have had dealings with municipal and other unions for years without strained relations, but if the tactics being adopted by these organizers are typical of what may be expected elsewhere, administrators and boards of governors may well wonder if it is worth while devoting their thought and substance to the welfare of the sick.

For some time organizers and agitators had been trying to induce employees of Toronto hospitals to select the Building Service Employees Union International as their bargaining agent. Many of the employees, particularly those who had been with the hospital in pre-war years, were averse to being forced to join a union. At the hearing before the Ontario Labour Relations Board as to whether a ballot should be authorized, the hospital representatives and some of their employee witnesses were reported as being given an unsatisfactory reception. A ballot was authorized with a minority dissent.

Illegal Tactics

A regulation in connection with balloting is that for three days prior to the taking of the ballot no influence either way is to be brought on the employee. We understand that 48 hours before the taking of the ballot on February 16th, a mass meeting of hospital employees was called at the Labour Temple. Benefits to be anticipated from joining the union were cited. During the night before the taking of the ballot, we are informed that two employees of the union spent considerable time

visiting the hospital employees. There was a relatively heavy vote among the night employees. On the day of the balloting, one agitator was put out three times up to 2.00 p.m. At 2.15 p.m. the superintendent himself ordered one agitator out who was urging employees to vote. He went out one entrance and promptly came in by another.

Of 570 employees 304 voted in favour of having the Building Service Employees Union act as bargaining agent. The hospital protested the illegal tactics to the Board which, however, voted 4 to 3 in favour of certification. The hospital, having the legal right to appeal to the National Board over the irregularity of the balloting incident, did so. This constitutional action irked some of those who had not been at all concerned over the illegal tactics mentioned above. It was unfortunate that a group of reverend gentlemen, with the best of intentions, rushed into print with a resolution urging the hospital not to delay acceptance of the Ontario Labour Relations Board ruling. This action, without getting the viewpoint of the hospitals before releasing their views to the press, was strongly deplored a few days later by the unanimous vote of the Board of Directors of the Ontario

Hospital Association which supported the right of the hospital to make this appeal. There are factors in operating a hospital of which the public has but limited knowledge.

On April 5th the union called a mass meeting and urged a walkout. Some 51 altogether were present. The employees themselves have been perplexed, some not wanting to have anything to do with a strike and others thinking it might gain something. Meanwhile the agitators were busy. It is hard to reconcile the statement of the union organizer that he doubted if he could stop the employees from striking after the strenuous efforts made to implant that idea in their minds. At the time of going to press the actual strike decision is being delayed until after word is received concerning the Federal decision. We are informed that less than 10 per cent of the employees who have "joined" the union have actually paid their dues.

It is well known that hospitals, faced with serious personnel shortage, have had to accept employees who were not properly trained for their work, who, in many instances were not able physically to undertake the work and who sometimes have not seemed to enter very fully into the hospital atmosphere of service and devotion to the patient. At the present time only 80 of the 570 employees were with the hospital when war broke out.

Effect on Enlisted Employees

There is a strong impression among hospital heads that much of this haste to unionize hospital employees is to protect the temporary wartime employee of the hospital

(Concluded on page 80)

There is a strong impression among hospital heads that much of this haste to unionize hospital employees is to protect the temporary wartime employee of the hospital against the day when the man or woman who has been serving in the Armed Forces returns and would like the old job back again. . . . If the public realized that one effect to hasty unionization would be to make it more difficult for former employees who have served their country in the Army, Navy, Air Force and Merchant Marine to get their old jobs back, there would be a great deal less sympathy for the principle of wartime unionization.



British Hospital in Buenos Aires Completes a Century of Service

By G. H. A.

A HUNDRED years have passed since the British subjects resident in Argentina decided that a hospital to care for patients in the British manner should be erected on the River Platte. From this tiny beginning in Calle Independencia with a maximum of twenty patients to the present fine structure for three hundred patients is a long and fascinating story.

Back of the first hospital was the old British Philanthropic Society, formed in 1827, but which later, because of the many calls from the sick and infirm became the British Medical Dispensary. It was this body which, in 1844, decided to rent and furnish as a hospital an old Spanish style house with a tiled roof and a wide entrance archway leading through a long "zaguán" or pas-

sage-way to a patio beyond. This patio, we are told, was divided by a wooden paling which separated the hospital and dispensary section from



the living quarters of the family who owned the house. The patients were given, according to the records, a pound of sugar a week and three loaves of "pan criolla" a day. No women, of course, were admitted as

patients. One of the committee members, or trustees, at that time was the English druggist, one Samuel Bishop, whose bill apparently was always in arrears. So well known was he that, on one occasion, when some children were asked in Scripture class, "What is a bishop?" they replied promptly, "A man who sells medicine".

In three years it was necessary to take larger quarters in a better part of the town. Here the British Hospital remained until 1859, but as yet without private rooms. The first matron, Mrs. Nesbitt, was still in charge but had lost that name somewhere in the interval. "She found a seafaring man named Wilkinson, who after being a patient, was so full of gratitude and admiration that he relieved her of her widowhood." As

reward for this temerous act he became a sort of clinical assistant—cupping and bleeding patients, mixing medicines and generally helping the matron and her daughter to manage the hospital.

The principal causes of death a century ago seemed to be "gastric fever" (probably typhoid) and rheumatism. However, there is mention in one record of nine cases of sea scurvy and two cases of "decay of nature". In one year the doctor reported that seven of the ten patients who had died were drunkards. He referred to "the great pain of the depravity and drunkenness to the very depths of which a large portion of the labouring class of the British population in this city has sunk".

First to Use Ether

It was in this modest little hospital in 1847/8 that ether was used for the



first time in Buenos Aires and probably in South America. The surgeon, Dr. Mackenna, was greatly thrilled. Later in the year, the new chloroform also was used. Vaccination was not introduced until 1877.

But still women were not admitted to the wards. As time went on a few were admitted, but it was not until the early part of the present century that they were admitted in any number. Neither were they permitted to attend the sick in the early days. Strange as it may seem, the sick had to rely on convalescent sailors or other patients for the care of their needs. It was not until 1880 that nurses were first sent to Argentina and not until 1890 that the first probation was introduced.

This second building "Wilde's Quinta" was robbed and sacked in the battle against Rosas. Later a third location was selected, a larger but badly constructed house in Calle Bolivar. About this time the hospital fell on evil days financially and, on one occasion, was saved by a very successful benefit performance of a

circus. The first resident physician was appointed in 1861. Present day interns please note that "no pen can adequately express the manner in which he discharged his duties at the hospital". Nothing would induce him to leave his patients and only once was he known to have accepted an invitation to dine out. However, he died at the age of 34 at which time his funeral was said to have been the largest and most select ever witnessed in the city.

As a result of a yellow fever epidemic a large sum of money was raised in London making it possible for a fourth hospital to be built on a new site in Calle Perdriel in 1886, the foundation stone being laid by General Roca, then President of the Republic.

The first nurses who "went out" in 1880 did not remain and it was not until 1889 that the first matron in the modern sense of the word, Miss Eames of St. Thomas', arrived with three trained nurses. From that time on the nursing care was completely revolutionized. The School of Nursing set up the next year was the first in Argentina, the first probationer, now Mrs. Ravenscroft, still living in Buenos Aires; she was awarded the Royal Red Cross during the first World War by King George V.

This fourth building had 56 beds including six private rooms and a female ward of ten beds. Various other additions were added over the years. Electricity replaced gas in 1910. Incidentally, the bank overdraft that year was \$62,520. The outstanding figure during this period of 30 years of hospital history was the chief surgeon of the day, Dr. John O'Connor. X-rays came in 1908.

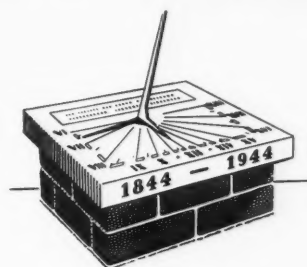
By 1931 the accommodation had increased to 201 patients with a large and active out-patient department. Then in 1934 the Board under the chairmanship of Mr. Robert Fraser, C.B.E., launched a campaign for a million pesos which by March of 1936 had brought in \$1,374,210. As a result a completely new building was constructed in 1938-39 with the second half completed in 1940. The actual cost of construction and equipment was \$2,150,000 (Argentina paper.)

This new and fifth hospital cares for from 280 to 300 in-patients and has a staff of 314. It is serving not

only the British population of this city but many other patients as well. Its administration is progressive and for some time it has been developing all-inclusive rates for medical and hospital care. Its nurses are serving all over the world and some have already made the supreme sacrifice. After the battle of the River Platte in December 1939, four sisters and eight nurses sailed for the Falkland Islands to nurse the wounded sailors of H.M.S. Exeter.

A sanatorium for tuberculosis patients is now in course of construction and will be opened towards the end of this year.

The superintendent is Mr. F. V. Sowards who has been associated with the hospital for 35 years. An active member of the Board of Governors, Mr. M. L. Ballinger, is well



known in this country as he is the Argentine manager of the Sun Life Assurance Company of Canada.

Research on Administration

A joint commission on education to undertake a three-year educational research study in hospital administration has been established by the American College of Hospital Administrators and the American Hospital Association.

This commission is made up of seven outstanding representatives from each of the two associations. The first meeting of the commission was held in Chicago, March 24th and 25th. At that time Dr. Robert H. Bishop, Jr., superintendent of University Hospitals of Cleveland, and immediate past president of the College, was elected chairman with Dr. A. C. Bachmeyer, Mr. James A. Hamilton and Miss Ada Belle McCleery as members of the Executive Committee. A budget has been approved and the scope of functions, activities and responsibilities carefully outlined.

Health Conditions

Surveyed in North-West Territories

SOME interesting and instructive data have been published in the report of a survey made last summer of health conditions and medical and hospital services in the North-West Territories. This preliminary investigation was undertaken by the grants-in-aid Committee of the Canadian Social Science Research Council with the support of the Rockefeller Foundation, with the purpose of securing information and of obtaining practical suggestions as to how conditions could be improved.

The survey was confined to the Mackenzie River District, an area with a 1941 population of 12,028, including 4,052 Indians, 5,404 Eskimo and 2,290 White. The health policy is directed from Ottawa by the Commissioner, through the resident doctors who are also medical officers of health. The health of the Indians is the responsibility of the Indian Affairs Branch, as in the provinces. Ordinances are passed by Council to deal with the various problems that arise from time to time, e.g., the Sanitary Control Ordinance, the Venereal Disease Ordinance, etc.

Certain diseases and types of disease are much more prevalent in the Territories than in the provinces. "After reading that the tuberculosis rate is 415, as compared to 52.8 for the rest of Canada; diseases of the first year 99.8 as compared to 54; puerperal causes 16.2 as compared to 7.8; pneumonia 141.3 as compared to 51.8; it is with relief that one reads that most of the infectious diseases do not occur in the Territories. In the five years (1937-41) there were no deaths from measles and scarlet fever, and only one death from diphtheria . . . This brighter side of the picture provides only limited comfort and carries with it a warning. Sooner or later, these

diseases will make their appearance, with air transportation linking these centres with the outside, with the white population coming in as it has done during the war, and as oil and mining operations increase. While this survey was in progress this danger was emphasized by the report of an epidemic of diphtheria at Eskimo Point, with 48 deaths out of 170 cases. This shows what an epidemic can do in a native population in which no immunization measures had been carried out."

Venereal diseases have not been a great problem until the arrival of troops in the area, when some cases have been brought to light. Treatment is at public expense and is compulsory.

Tuberculosis

Tuberculosis is the greatest health problem in the Territories: For Indians it is 761.4 per 100,000—about 15 times the rate for the white population in Canada. It is 314.6 for the Eskimos. There is reason to believe that these rates would be higher if figures included deaths from tuber-

culosis from the group listed statistically as "ill-defined and unspecified". This is the group where there was no doctor in attendance. Doctors and others expressed the opinion that many of these were also tuberculous. While the disease usually assumes the pulmonary form, there are many cases of tuberculous meningitis, and glandular and bone tuberculosis are common.

The high rates for pulmonary tuberculosis and other respiratory diseases are also influenced by climatic conditions in the Territories and the mode of life of the natives. However, the records of the Department show that, contrary to the assertions frequently made that the Indians in the Territories are dying out on account of tuberculosis, there has been an increase in the Indian population.

Medical Officers

Medical officers are stationed at Fort Smith, Fort Resolution, Fort Simpson, Fort Norman and Aklavik. They are full-time government employees, and are usually Indian agents as well. They are also health officers for the respective districts. They attend the natives, half-breeds and indigent whites; and also the white population on a fee basis. There are in addition doctors employed by mining companies in the area, who also serve the general population on a part-time basis.

These doctors are tremendously hard worked and perform invaluable services, but their districts are too large, with the transportation provided. Distances are often up to three hundred miles between settlements and the means of transportation are still largely dog teams and boats.

Hospital Services

Most of the hospitals in the Territories are operated by the missions of both the Church of England in Canada and the Roman Catholic



More Health Care Needed

Condensed from an article in the February 1945 "Canadian Journal of Economics and Political Science" by Dr. J. G. Wherrett, executive secretary of the Canadian Tuberculosis Association.

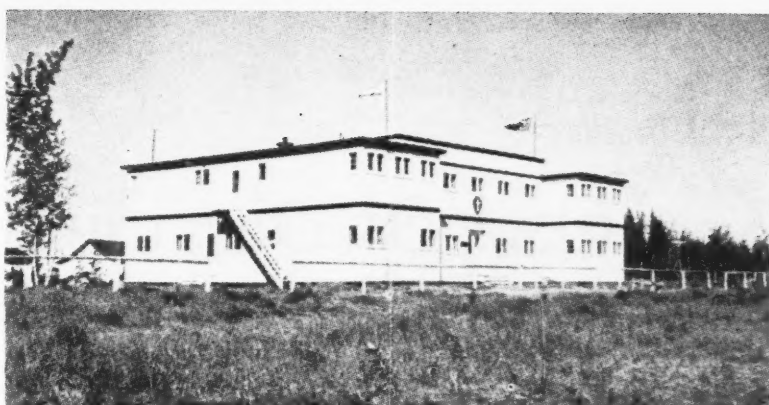
Church. In addition there is a small nursing home with a registered nurse in charge at Hay River, an Indian Affairs Branch hospital at Fort Norman, and a couple of others owned and operated by the mining companies.

The Canadian government has contributed towards the construction costs of some of the mission hospitals and also pays a fixed amount per day for each native, indigent white, or half-breed receiving treatment. These hospitals have operating-room facilities. Two hospitals only have x-ray equipment; practically no laboratory equipment is to be found and very little laboratory work is done.

Hospital beds in the district total 233, and there are, in addition, sick bays at Hay River and Providence in connection with the schools. "One is amazed at the number of hospital beds which are to be found in the Mackenzie River area and appalled at what little use is made of them." The ratio of hospital beds per 1,000 population (30.1) is almost four times that of the all-over Canadian ratio. But in the Territories there are, on the average, at least 150 beds, or two-thirds of the total, unoccupied every day of the year. One feels that, while the missions have been sincere in their efforts to bring hospital services to the people, there has been a lack of overall planning in the construction of these hospitals; that there has certainly been duplication in the case of Aklavik; and that there has been very little leadership or advice given concerning location, construction, services rendered and equipment. "It is a violation of all health principles to have within the community empty hospital beds, while there are open cases of tuberculosis spreading infection in the homes." Some of these wasted hospital beds should be used for the treatment of tuberculosis.

Service in Outlying Centres

Outlying communities are so scattered that health services are difficult to maintain. The problem would be much easier with plane transportation available to the medical services of the region. It would also be a great help to establish first-aid posts in many of these centres, even if only for a part of the year. More consideration should be given to



The Anglican hospital at Aklavik.

training of native women in first aid and care of the sick. This will entail more preliminary education than has been given heretofore, longer training, and some supervision in their community centres.

The proportion of deaths which occur without the skilled attention of either a doctor or a nurse is appalling. The greatest proportion of these is to be found among the Eskimo population, which is 84 per cent, but the figures are 48 per cent in the Indians and 37 per cent in the white population.

Recommendations

The following recommendations could be put into practical operation with a moderate expenditure of public funds. The capital expense called for is the construction of a small sanatorium, which would also be used to house the administration office. It also includes the cost of a plane. The remainder of the expense involved is for increased personnel and to improve services in hospitals already built. To this must be added the cost of treating an additional number of patients.

1. The medical services of the North West Territories should be re-organized into one service with the appointment of a full-time director, resident in the Territories. His duties would be to formulate a health policy to be carried out in all districts.

2. Medical services should be divorced from administration, so that medical officers will have full time for medical duties.

3. An additional medical officer should be appointed at Fort Rae, and possibly Coppermine. Although Fort

Chipewyan is not in the Territories, the doctor at Fort Smith is at present responsible for this area. An additional medical officer is required to serve the Athabaska area in Alberta.

4. Medical officers should possess the following minimal qualifications: (a) ability to provide general practitioner's service and to deal with surgical emergencies; (b) one year's experience in diagnosis and treatment of tuberculosis, and ability to read x-ray films and give pneumothorax treatments; (c) a general knowledge of public-health administration and practice. Medical officers should be permitted and indeed required to visit medical centres outside the Territories every three years for refresher courses to acquaint themselves with current medical and public-health practice. Medical officers in the North West Territories should be given a higher classification than officers engaged in similar work in other parts of Canada.

5. A plane service should be made available to the medical services of the area, so that regular visits could be made to all centres and to deal with emergencies that arise. Such services should consist of a Norseman plane, experienced northern pilot and mechanic, and be based in the Territories.

6. All hospital services should be brought up to a uniform standard, hospitals to be provided with adequate operating-room, laboratory and x-ray facilities. Medical officers should have charge of all admissions and discharges and should decide medical policy. Additional grants

(Concluded on page 84)

An Efficient

Oxygen Distribution

Piping System

ABOUT a year ago at the Women's Pavilion of the Royal Victoria Hospital there was inaugurated a new nursery designed for the care of premature babies exclusively. This Premature Nursery is intended for infants under 5 pounds in weight, when a baby attains that weight it either graduates to one of the regular nurseries or is discharged to its permanent home.

Naturally all the equipment contained in this new nursery is most modern. Purification of the air is accomplished by the use of ultraviolet lamps and by air-conditioning. There is also provision for individual control of temperature to each baby by the use of heated cots, incubators and Humidicrib units; all of which is standard practice and available in various models through the regular sources of supply. But a unique feature is the installation of a piped oxygen system, which we believe is somewhat novel in Canada, although this method of distributing oxygen is being successfully used by hospi-

**By WILLIAM J. JONES,
Royal Victoria Hospital, Montreal**

tals in the United States. Therefore a description of our method of distributing oxygen from a central point to individual outlets may be of interest to persons contemplating similar installations.

In the nursery there are six wall outlets, spaced at planned distances, each being 4 feet 9 inches from the floor. Every outlet is fitted with a control valve which is normally left wide open, so that if the flowmeter requires any attention the control valve can be closed, enabling the flowmeter to be removed without interrupting the supply of oxygen to any of the other outlets which may be in use.

The flowmeters are connected to the valve on the wall outlets. Oxygen flow is regulated by the needle valve and is measured by the position of a light-weight metal spinner inside a graduated glass tube, enclosed and protected by another tube of

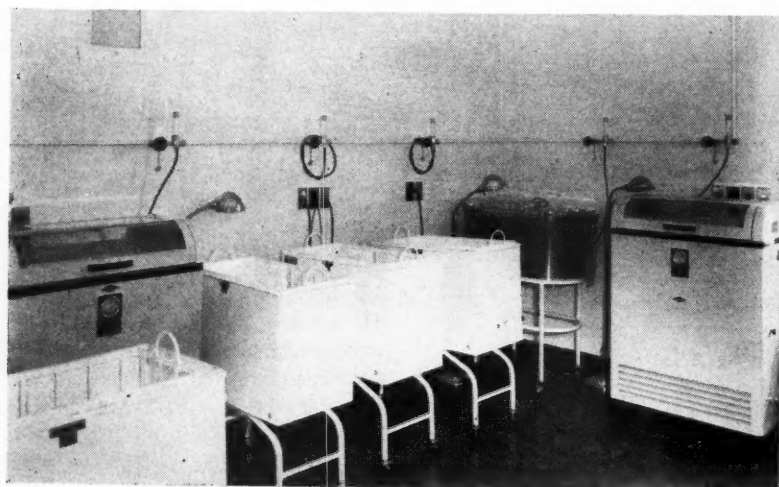
transparent plastic. This type of flowmeter is calibrated for a maximum measured flow of 15 litres per minute, but will deliver much larger volumes if desired. Accurate dosages up to 15 litres can be measured.

All piping used is extra-heavy drawn copper, one half-inch inside diameter, and all fittings—elbows, tee pieces, etc.—are made of extra-heavy brass castings.

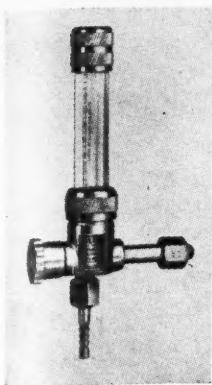
In the adjoining room there is located a six cylinder oxygen manifold of the commercial type, comprising two banks of three cylinders. Each bank is controlled by independent valves. The valves are so arranged that three 244 cu. ft. (1,830 gallons U.S.) cylinders of oxygen are in use simultaneously. When the pressure in these cylinders falls to within a certain limit, one set of valves is closed and another set opened, thus bringing the next three cylinders into use without any interruption in the flow of oxygen to the line. A single heavy duty oxygen manifold regulator controls the flow of oxygen from either bank of cylinders, the regulator being of the single stage stem-type. It reduces the pressure of the oxygen from 2,200 lbs. per square inch in the cylinders to deliver a working pressure of 15 lbs. per square inch in the line.

The only adjustment made to the manifold was to modify the variable pressure-adjusting screw on the regulator to a pre-set pressure of 15 lbs. per square inch. This is designed to prevent unauthorized persons from turning this screw and inadvertently increasing the pressure to the line.

A pressure relief valve is installed in the line between the manifold and the nursery, which will automatically blow off any pressure above 60 lbs. This valve protects the line and flow-



Wall Outlets in the Premature Nursery.

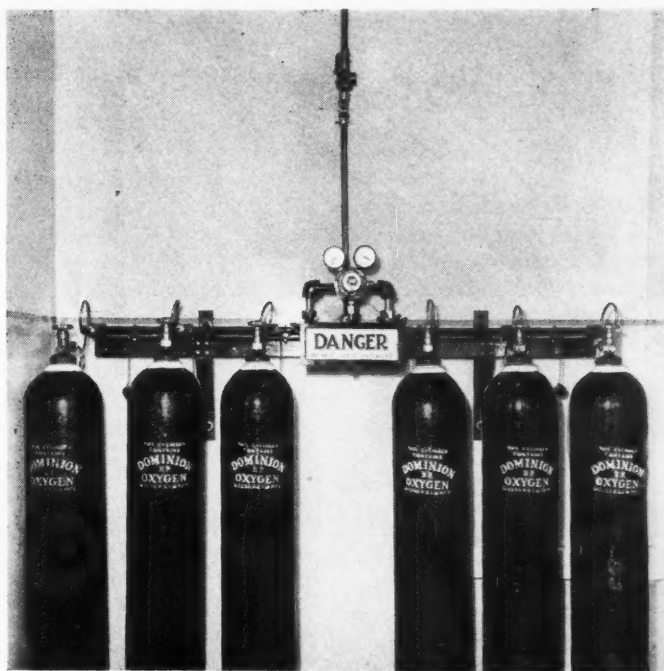


A Control Valve is located at each outlet.

meters from the full pressure contained in the cylinders, if for any reason the regulator fails to function.

The system was installed by the hospital mechanics, and we had the services of an engineer from the Dominion Oxygen Company, who inspected and tested the installation in conformity with the specifications of the National Board of Fire Underwriters. All servicing—changing of cylinders, adjustments, etc.—is attended to by our Instrument Department.

The nurse in charge of the nursery inspects the cylinder pressure gauge on the regulator of the manifold each morning, and when it is seen that the needle of this gauge has entered or is approaching a marked zone, she will inform the Instrument Department.



Six Cylinder Oxygen Manifold.

Each bank of three cylinders is controlled by independent valves.

ment. Mechanics then change over the cylinders by means of the valves, remove empty cylinders and replace them with full ones. The marked zone on the gauge has been so arranged that there will be several hours' supply of oxygen still available after the needle actually enters it.

To date this installation has completely justified expectations. It has made an adequate amount of oxygen constantly available in the nursery, has eliminated the moving in and out of cylinders to sterile rooms, and has also meant considerable economy in the amount of oxygen consumed.

British Health Plan Modified

Mr. Willink, the British Minister of Health, has indicated in a memorandum to the British Medical Association that the Government is ready to make some changes in its national health insurance plan to meet objections raised by doctors.

While the memorandum is secret, it is understood to provide for removal from the draft proposals of any possibility of state control over the distribution of doctors through the country and any question of a state-salaried medical system. Doctors who are members of the British Medical Association, the Royal College of Physicians and the Royal College of Surgeons will debate the

memorandum at meetings to be held soon.

It is considered unlikely that health insurance legislation now will be brought before Parliament at its present session.

"There are at present no new proposals, but the negotiating bodies (of the professions) are now seeking the views of their constituents on a number of possible changes in the central and local administrative structure and other aspects of the White Paper which have been discussed during the negotiations," said a Health Ministry official.

"When the medical profession, the local authorities and the voluntary

hospitals have completed this consultation with their members the negotiations with the Minister will be resumed. Not until then will the question arise of Government decisions on the proposals to be submitted to Parliament."

At the Medical Association's February meeting the members approved a comprehensive service for all who need it, but were opposed to any suggestion that the state should give aid to those able and willing to provide for themselves.

While the British Medical Association, the Royal College of Physicians and the Royal College of Surgeons presumably favour the proposed changes in the health plan, the Socialist Medical Association says the changes are "sabotaging the scheme".

Joint Committee to Study Explosion and Fire Hazards

A Joint Committee has been set up to study the causes and means of prevention of explosions and fires in operating rooms and elsewhere as a result of the use of anaesthetic and other explosive gases. In this study the Canadian Hospital Council and the Canadian Medical Association will co-operate with the Canadian Standards Association.

The Canadian Standards Association, which has long been interested in equipment and installation standards for electrical apparatus and engineering and other equipment, has been aware for some time of the need for the setting up of standards to govern electrical equipment and its installation in operating rooms. Over the years there has been a fair number of explosions and fires, in some cases with fatal results. Electrical engineers have noted that much of the equipment used in operating rooms and elsewhere is not constructed to eliminate the danger of fire or explosion. This applies particularly to certain anaesthetic machines, to electric light switches and to certain other equipment. Various procedures have been adopted by many hospitals in their operating rooms and x-ray departments, such as grounding, humidification, types of switches, etc. But the extent to which such protections are needed or are efficacious is not clearly understood by many people. It will be the function of this joint committee to study the whole question and make suitable recommendations.

For purposes of frequent conference it was decided at the initial meeting of the three organizations in the Hydro Electrical Building in Toronto to zone the Committee in that city with corresponding members across Canada. Therefore the nucleus of the Canadian Hospital Council Committee will be Dr. W. R. Feasby, assistant superintendent medical, Toronto Western Hospital, chairman; Dr. C. B. Parker, assistant superintendent medical, Toronto General Hospital; and Mr. J. H. W. Bower, superintendent, The Hospital for

Sick Children. Corresponding members are: Dr. A. C. McGugan, superintendent, University of Alberta Hospital, Edmonton; Dr. R. A. Seymour, assistant superintendent, Vancouver General Hospital; Dr. Harry Coppinger, superintendent, Winnipeg General Hospital; and Dr. Warren P. Morrill, Director of Research, American Hospital Association, Chicago. (Dr. Morrill, a former Canadian superintendent, has represented the American Hospital Association on the Conference Committee on Operating Room Hazard sponsored by the National Fire Protection Association and has kindly consented to act on this Committee.)

The Canadian Medical Association Committee is made up of Dr. H. J. Shields, Chief Anaesthetist, Toronto General Hospital, chairman; Dr. Ralph Hargrave, Toronto Western

Hospital; Dr. E. W. Lunney, Saint John; Dr. D. C. Aikenhead, Winnipeg; Dr. F. Hudon, Quebec; and Dr. B. C. Leech, Regina.

The Canadian Standards Association members of the Joint Committee are: Mr. E. W. McLeod, C.S.A. Approvals Laboratory, Toronto, chairman; Mr. W. J. Allen, Canadian Underwriters' Association, Toronto; Mr. B. G. Ballard, National Research Council, Ottawa; Mr. F. R. Jeffrey, Crouse-Hinds Company of Canada Limited, Toronto. Canadian Standards Association representatives from other parts of Canada are being arranged.

A questionnaire has already been sent to the different hospitals across Canada in an endeavour to ascertain the extent to which fires or explosions in connection with anaesthetic and other gases or the use of technical equipment have occurred in Canada. This information is now being compiled by the Committee. Any hospital which has not replied could assist the Committee greatly by sending in this information.



Fire at Nicholls Hospital, Peterborough

The fire in the old section of Nicholls Hospital a few weeks ago might readily have proven very serious. Fortunately it was brought under prompt control. The fire, believed to have been caused by a spark from the chimney, did damage estimated between \$10,000 and \$15,000. Much credit was given to the nurses and staff for the way in which they remained at their posts and performed their duties during the fire.

Canadian Intern Board

Reports on Intern Assignments

THE Canadian Intern Board has again functioned as an intermediary between senior students desiring graduate internships and hospitals desiring their services. This Board is operated by the Canadian Association of Medical Students and Interns (CAMSIS), with recognition of its work and advisory assistance by the Canadian Hospital Council. The Chairman is Dr. R. A. Seymour, assistant superintendent of the Vancouver General Hospital, and the Secretary has been Mr. (now Dr.) Kenneth A. Brown of Toronto.

The C.I.B. receives the applications of senior students who list in the order of preference, the hospital where they would like to intern. The C.I.B. then dovetails these applications with statements from the hospitals as to which applicants are their first choice and which their second choice. Where a hospital which is first choice of an applicant is willing to have him, the applicant is so assigned. Failing that, he is assigned to his second choice, if agreeable to the hospital. The C.I.B. cannot allocate or assign interns other than as mutually agreeable to the applicant and the hospital. If hospitals do not receive enough interns, it is because not enough students have designated them as their first, or possibly, second choices. Its chief value has been to minimize and practically eliminate the chaos and confusion which formerly dragged on for months when hospitals were angling for interns and were never sure whether they had them or not. Now it is largely settled at one time.

The C.I.B. has dealt only with graduate internships, undergraduate appointments being arranged as a rule, within the faculty concerned. A summary is given in Fig. 1.

Difficulties Encountered

It would appear that the C.I.B. has encountered a number of difficulties which have not been dissipated over

the years as rapidly as had been anticipated. Apparently the first and foremost difficulty encountered, according to a statement received from the C.I.B. was a general lack of knowledge of the purpose of the C.I.B. and its methods of working. Most of the hospitals seem to be well informed but this lack of knowledge existed very widely in the student body. It would seem imperative for the successful functioning of the C.I.B. that all pre-interning years of the different medical schools should be aware of its existence and its national character. They should be informed that the purpose of the Board is to create an orderly method of placing interns instead of the previously disorganized relationship between the hospitals and prospective interns. The method is adequately explained in a leaflet, "Procedure for the Appointment of Interns" distributed by the C.I.B. each year to all approved and commended hospitals and to all prospective interns. Apparently, however, this explanation is not always noted.

Another difficulty noted was the failure of some applicants and some hospitals to utilize the Canadian Intern Board. This independent action on the part of some of the students has been unfortunate. Some students for the sake of saving a dollar have prejudiced the opportunities of other and future interns who wish to improve conditions for internships. Some difficulty has been created in those cases where certain hospitals have failed to send to the C.I.B. a list of the applications made to them arranged as preferred or alternative. Failure to so assist the C.I.B. has made it very difficult

for the officers of that body to ascertain whether the individual applicant would be acceptable to that hospital. Also, failure of some students to send to the C.I.B. a list of hospitals which they prefer in order of preference has created a difficult situation at times for the Board. In both instances it has required much further correspondence to get some of these points clarified.

Another difficulty encountered was the failure of a few students to abide by their own final choice and consequent placement by the C.I.B. As the report states it is human to expect a case of this type occasionally. In the past year there were at least five instances. It should certainly be possible for a student to reach a final decision as to where he wishes to intern before the period of allocation, which is several months before the date when internships start. The importance of such a decision is obvious. One change may affect several interns who may have expressed preferences for certain hospitals but were denied that privilege by the initial decision of an applicant acceptable to that particular hospital. Also, re-allocation often cannot be made because of decisions already made by the C.I.B. in accordance with the data submitted but changes may leave a hospital understaffed after having placed reliance upon the C.I.B. to allocate the intern in question. The general effect of all these omissions or actions is to make orderly placement of interns more difficult and to lead intern placements back to the chaotic conditions of the past.

Officers of the C.I.B. have the impression that some of the hospitals feel that more could be done by the C.I.B. than is being done to obtain interns for those particular hospitals. Actually there are considerably more approved locations for interns than there are interns available to fill those positions. As a result many of

(Concluded on page 82)

Fig. 1. Summary of Results

Total number of applications handled—150.

Choices	1st	2nd	3rd	4th	5th	unplaced
University of Toronto—116	87	19	2	5	3	0
University of W. Ont.— 22	21	0	0	1	0	0
Queen's University — 11	11	0	0	0	0	0
University of Alta. — 1	1	0	0	0	0	0

Burns—From Use of Cautionary After Volatile Skin Cleansers

By W. R. FEASBY, B.A., M.D.,
Medical Assistant to the Superintendent,
Toronto Western Hospital

THE hazards for patients entering operating theatres are numerically small but individually they may be very sizeable. One hazard which can be avoided very simply is that referred to in the warning diagram given below.

Several instances have occurred within recent months where patients were burned seriously, as a result of ignition of volatile liquids used in skin preparation. This ignition can occur of course with any temperature sufficient to ignite the agent in question. In practice it is usually the cautery or the diathermy apparatus which induces the ignition. The volatile liquids are those commonly used to clean the skin before operation: gasoline, ether, alcohol and iodine (alcoholic solution). Should any of these liquids pool under the patient, or not be completely dry around the flanks or in body folds, it is easy

to understand how the accident can occur. One of the greatest hazards is in operations about the perineum or the female genitalia. In preparations for such operations, the volatile liquids may trickle back under the patient and lie concealed.

The best protection against the possibility of such accidents is an intelligent realization of the hazards. In order to bring this about, those concerned must have the facts constantly before them. For this purpose the attached notice has been posted opposite every scrub-up location at the Toronto Western Hospital. If the three suggestions are followed there will be little risk from burns of this nature. Pooling can be prevented by careful application, or by placing a towel along the flanks or at the edge of the field being painted. Evaporation does not occur completely until about three minutes have

passed. This depends to some extent, of course, upon how much liquid was applied. An added advantage gained from waiting a little longer than usual is a greater sterilizing effect to the skin.

If any other hospitals would like to have copies of the precautionary diagram, photostatic copies can be supplied in 7½x8½ inches size and will be sent on request at cost.

Fairville Hospital Supported in Maladministration Charge

The Hon. F. A. McGrand, Minister of Health for New Brunswick, has informed a royal commission investigating conditions at the Fairville, New Brunswick, provincial hospital that he has found no substantiation for charges of brutality at the institution.

The commission was set up after a Montreal newspaper published articles alleging cruel treatment of inmates by employees of the hospital.

Witnesses agreed that great improvements had been made in the hospital under the direction of the present superintendent, Dr. E. C. Menzies.

Saskatchewan Plans Extension of Rural Health Facilities

Plans by the provincial government of Saskatchewan for increased medical and hospital facilities for residents in rural Saskatchewan has been formally announced to the municipalities.

This is a grant system to every municipality on a basis of need, consisting of a cash grant for the building of a hospital if necessary and a further grant to take care of its maintenance. Furthermore, the province will guarantee to every qualified doctor who sets up practice in one of these communities an initial salary of \$5,000, with increases over a period of years to a maximum of \$10,000.

Premier T. C. Douglas, in announcing the plan, stated that it is not to be confused with so-called state medicine. The doctor would not be controlled by the province in any way; the plan meant simply that the government would back the municipality financially in order to meet the cost of the increased services and to help meet the doctor's salary.



The Precautionary Diagram.

REGIONAL CONFERENCE

For Western Ontario Hospitals

STEPS were taken to make permanent a regional conference for Western Ontario at the inaugural meeting at Chatham on March 29th. Attended by some 47 representatives of sixteen hospitals from Windsor and Sarnia to Galt and Brantford, the conference made an auspicious beginning under the chairmanship of Miss Priscilla Campbell, administrator of the Chatham Public General Hospital.

The purpose of this regional conference, as in the case of similar conferences in British Columbia and elsewhere, was explained by Miss Campbell as (a) the presentation and discussion of hospital problems, (b) the exchange of ideas and (c) the pooling of information in the interest of an essential public service.

Dr. L. J. Crozier, Superintendent of Victoria Hospital, London, led discussions on various administrative problems, including hospital rates, operating room, case room, laboratory and other special charges. Nursery rates should be increased for formula-fed babies. Hospital office procedures and the use of machine equipment for accounting came in for much consideration.

Visitors to patients presented a problem to all hospitals. Miss R. M. Beamish, superintendent of the Sarnia General Hospital, suggested that afternoon visiting hours be from 1 to 3, in order that nurses could proceed with general afternoon care and

treatment of patients. Mr. Horace Atkin, superintendent of the Metropolitan Hospital at Windsor, stated that visiting hours in that hospital lasted for one hour only, and a loud speaker announced when visiting hours were over. This arrangement had proven effective and helpful. Special consideration would have to be made in some cases, such as critically ill patients or those going to surgery. It was suggested that voluntary assistants could help control visitors by using a card system.

Miss Beamish led a discussion on nursing service and the utilization of volunteer helpers. Methods for aiding in the recruiting of student nurses were considered, particularly the means of contacting and interesting high school girls.

A discussion of schedules of pay for graduate nurses followed. It was agreed that nurses should not be paid a common amount but be paid according to their qualifications, ability, special training and experience. Salaries paid should be a personal matter and not a topic of common discussion.

Dr. Morgan of East Windsor Hospital stated that it was impossible for hospitals to compete with salaries paid by industry to nurses. It was emphasized that nurses were entitled to an adequate salary, but that competition among the hospitals would not help to relieve the present inadequate supply. Plans for more equitable

distribution of nurse power were suggested as a possible solution. The demand for the services of graduate nurses is greater than the supply. Miss Beamish urged that the co-operation of all graduate nurses should be sought. In Sarnia there had been a registration of all graduate nurses whether free to work at present or not. It was felt that in this way more nurses could be obtained in case of an emergency.

The employment of voluntary aids was discussed by Miss Beamish and others. St. John's Ambulance and Red Cross volunteers have been trained and utilized. Boy scouts have helped to control visitors in the evening and have helped by doing errands, assisting in the kitchens and in other ways. The advantages of using voluntary aids considerably outweighed any disadvantages.

"Food Service in Hospital" was analysed by Miss Edith Patterson, the dietitian at the Chatham General Hospital. The advantages and disadvantages of (a) a centralized service and (b) a decentralized service, were reviewed. Mr. Horace Atkin presented information regarding the "Purchase of Hospital Supplies". A serious factor in most hospitals is a lack of suitable storage space.

Mother Pascal, superintendent of St. Joseph's Hospital in Chatham, presented an interesting paper on the "Storage and Control of Narcotics". The necessity of guarding against theft at the present time was stressed. Mr. M. J. Smith, chairman of the Public Education Committee of the Chatham General Hospital, reviewed the unusually fine record of this Committee in stimulating public interest in the Chatham area. Methods of meeting the situation created by the shortage of interns were reviewed by Sister St. Elizabeth, superintendent of St. Joseph's Hospital, in London. The assignment of clinical duties to selected nurses has proved helpful, as also the use of part time interns.

Others who took an active part in discussions during the day and at the dinner session included Mr. C. D. Sulman, chairman of the Chatham General Hospital Board of Trustees and Miss J. M. Wilson, administrator of the Brantford General Hospital.

At present the organization is
(Concluded on page 76)



Left to Right: Dr. G. H. Stevenson, superintendent, Ontario Hospital, London; Miss R. M. Beamish, superintendent, General Hospital, Sarnia; Dr. P. J. G. Morgan, medical superintendent, East Windsor Hospital, Windsor; Mr. R. E. Tillson, purchasing agent, Victoria Hospital, London.

Obiter Dicta

Blood Donor Services in the Post-War Period

MANY inquiries have been received relative to the progress of the suggestion that the Canadian Red Cross Society be asked to continue its blood donor services and facilities across Canada, with the thought that blood so obtained might be made available in the years following the war for use in civilian hospitals. This thought would seem to have much merit for it is well known that in the smaller hospitals with limited laboratory facilities and without interns it is frequently quite difficult to arrange for transfusions, especially if time be urgent. This subject was discussed in the October, 1944, issue of *The Canadian Hospital*.

This suggestion has been given serious study by the National Blood Donor Committee of the Canadian Red Cross Society but up to the present no final decision has been made. Pending such decision it would not seem advisable to forecast the decision of the Society. It could be stated, however, that a sub-committee of the National Blood Donor Committee has conferred with a special committee of the Canadian Hospital Council under the chairmanship of Dr. Miles Brown of the Hamilton General Hospital. Dr. Brown's committee is representative of a field across Canada with the nucleus zoned in the Hamilton-Toronto-Niagara Peninsula area. During the winter this special committee obtained information from the provincial hospital associations and individual hospitals with respect to existing facilities for the preparation of giving blood and their likely use of any national facilities set up. Although replies were not complete some 38 hospitals reported that they had a blood bank, 20 hospitals, mostly in Ontario, reported that they had developed a transfusion service of voluntary donors. Some 87 stated that they had the technical facilities for grouping blood for transfusion. While the replies stated above were not complete, the fact that most of these replies

came from the larger, better organized hospitals, would suggest that the majority of those not replying did not have a blood bank nor a transfusion service of voluntary donors and in many cases it is doubtful if they had adequate technical facilities for grouping blood for transfusion, particularly in the case of those small hospitals with very limited laboratory facilities. Most hospitals stated that more blood would be given if it were more easily and cheaply available. This applied also to plasma or serum.

The general impression gained from a study of the replies received is that while the larger hospitals with well organized blood banks would probably desire to retain their present type of service, the great majority of hospitals, not being so well equipped and organized, would welcome some national arrangement whereby blood or blood derivatives could be obtained on short notice from strategically located centres or storage depots. In support of this viewpoint four of the hospital associations, at their annual conventions last autumn, passed resolutions supporting the setting up of such a service by the Canadian Red Cross Society.

It has been recommended to the National Blood Donor Committee by its sub-committee that "there should be set up throughout Canada some national service which would ensure the availability to all public hospitals of an adequate supply of blood and/or blood derivatives to meet civilian needs". It was recommended, also, that "the Canadian Red Cross Society be asked to undertake this service". This whole question is now being considered from every angle by the Red Cross authorities. It would be necessary, before making any final decision to study very thoroughly the mechanism by which blood would be obtained and processed. The giving of blood and voluntary services at clinics in wartime are not quite the same as giving similar service in peace time. To what extent can the needs of suffering civilians be made to appeal to voluntary donors and workers? A

committee of experts would need to determine whether it would be better to distribute whole blood or certain derivatives. The services that would need to be set up for rural areas must differ in many respects from those that would be best suited to urban areas. These and other matters will require clarification before a decision can be made. Meanwhile, this project would seem to have considerable possibilities for bettering the loss of civilian patients and is being given serious consideration both by the Canadian Red Cross Society and the Canadian Hospital Council.



Congratulations

THIS month *Hospital Progress*, the journal of the Catholic Hospital Association of the United States and Canada, celebrates its twenty-fifth anniversary of service to the Catholic hospitals of this continent. The Canadian Hospital Council and *The Canadian Hospital* congratulate *Hospital Progress* on this quarter century of unexcelled devotion to the furtherance of the work of this great Association. To the Reverend Alphonse M. Schwitalla, to his able assistant, Mr. Roy Kneifl, to their editorial associates and to those who preceded them, we express our admiration for a job well done. Over the years *Hospital Progress* has been characterized by unusually well-written and constructive editorials and by articles that indicate a high degree of both knowledge and scholarship on the part of the contributors. *Hospital Progress* has not only been a fountain of devotional inspiration to its readers but has kept them fully abreast of current social and economic evolution. We congratulate the Catholic Hospital Association on having such an outstanding publication, and look forward to still greater achievements in the next quarter century.



A Valuable Joint Study Committee

AN example of the value of co-operative study has been given to the other provinces by British Columbia. Realizing that an intelligent study of health insurance principles and procedures from the viewpoint of providing the services must involve a clear understanding of the part to be played by the different groups involved, a Joint Study Committee was set up representing the five major bodies concerned. These were the British Columbia Medical Association, the British Columbia Hospitals Association, the Pharmaceutical Association of B.C., the Registered Nurses' Association of B.C., and the British Columbia Dental Association. Each organization named one representative.

A definite programme of meetings was arranged during the fall and winter months. Each group in turn was responsible for the programme for one meeting and in

every instance there was a lengthy discussion of the points presented. In September national officers of the Canadian Medical Association were the speakers and the programme centred about the studies by the medical profession. In October the hospital group took over and proposed a province-wide study of hospital needs. The November meeting was devoted to the public health aspects of the subject. The nurses arranged the programme for December and the druggists for January. Then in February the hospital group reported the results of their survey of hospital needs. The dentists analysed the dental aspects of the subject in March and, for the April meeting, there was a summary of the season's findings into general conclusions.

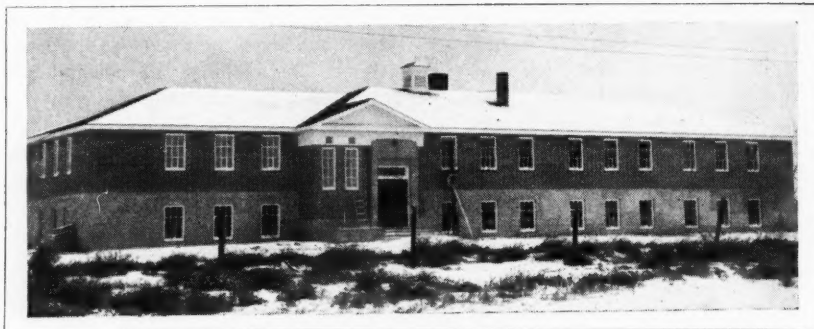
To quote Dr. G. F. Strong, chairman of the medical committee on economics. "These meetings have proven most valuable and all of us have learnt a great deal . . . The results of these deliberations have been of surprising benefit." It is the hope of the Joint Committee to continue their studies another year and to invite labour, women's organizations and other groups to meet with them. This is a method of study which can be heartily recommended to professional and hospital groups in other provinces.



Reflections on a World Tragedy

IT is not our purpose to write, or attempt to write, an appreciation of the late Franklin Roosevelt. That has been done by countless abler pens and will probably be done by still other countless pens in the generations and centuries to follow. But it has not been possible to live through those days following the sudden death of this great leader without getting some conception of the depth of admiration and respect for him the world over. Only the passing of Winston Churchill could have so stunned the world, and it is questionable if any leader has so gained the confidence of the great masses of the people as has Roosevelt. Writing of the Washington funeral procession, Gregory Clark speaks of two miles of tears, with ten thousand men weeping openly and unashamed as the cortege passed by.

Here in Canada the mourning was as heartfelt as though we were all part of the one great nation. Radio, press and pulpit reflected the thoughts that came to all of us, for Roosevelt holds a place in our national esteem comparable only to that of Their Majesties or our own great British leader. Every public institution, whether school, office or hospital, had its flag at half mast. Memorial services were held in many cities and many large stores draped their windows in mourning. From the Governor-General and the Prime Minister to the humblest citizen in our midst, everyone felt a personal loss. And loss it is, for Roosevelt's greatest task—the winning of the peace—still lay before him. The days of the future, with their inevitable bickering and petty intrigue, do not look so bright without that ringing voice and commanding personality.



Municipal Hospital at Raymond, Alberta

This 21-bed, \$50,000 institution was formally opened early in February. It is a two-storey building, 40 feet by 140 feet. A fully-equipped operating room and x-ray machine are noteworthy features.

There is an isolation ward, three private rooms and semi-private and ward rooms. The kitchen includes a

walk-in cooler of substantial size and an electrically-operated generator. An automatic elevator conveys food and other requirements to the top floor. In the nursery there are six beds, suspended from steel supporters.

Head of the hospital board is Mr. Paul Moreland, and Miss D. M.

Ford has been appointed matron. She is assisted by four qualified nurses and a stenographer.

The building of the hospital was a community project in the best sense of the word, and those who worked so tirelessly have reason to be proud of the results their efforts have attained.





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With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:

The Royal College of Physicians is steadily pursuing its undertaking of providing guidance and information on the subject of the measures to

be taken in the sphere of social and preventive medicine. The first report of their labours received attention in your columns in your issue of January, 1944. Their second report, which has just been published, deals with the subject of industrial medicine.

Conditions of war have brought home to everybody a realization of the importance of giving every possible attention to the health of the workers. There is no doubt that a certain amount of progress has been made, though official guidance as to the effect of hours of work upon output, which was obtained during the war of 1914 to 1918, has not received sufficient attention in the last four years.

In 1940 the Minister of Labour and National Service made an order requiring munition and other industries to appoint works doctors if so required. The crux of the situation, however, is not to be found in the large factories. More than half of the work people of this country were in 1937 employed in factories with less than 250 operatives and in only a few instances were they medically supervised by even part-time medical officers. At the beginning of this year there were nearly 200 whole-time and over 700 part-time doctors with regular duties of medical supervision. But there is no information available to show how far those medical men are employed in the large undertakings making war supplies.

Promotion of Industrial Health

The main point, therefore, is to consider the extent to which there can be gathered from the experience of wartime the plan for an industrial health service, which can be carried forward into the days of peace. The point upon which stress seems to be laid, and which provides scope for a good deal of discussion, is the central organization and, in consequence, the main responsibility. The Committee of the Royal College urge that the industrial health service "should be planned in a bold manner without much regard to traditional arrangements". They settle the main point by enunciating the principle that the industrial health service should be an essential part of the national health service under the Ministry of Health and the Chief Medical Officer of the Ministry of Health as the Chief Medical Officer of the Industrial Health Service. There are advocates that the latter should be the direct responsibility of the Minister of Labour and National Service. The key of the situation is to maintain the right relationship with the general practitioner. There is a similar position in respect to the school medical service, and the Minister of Education. In both cases an harmonious relationship may be furthered if there are general practitioners who are engaged as part-time in both services. But the real foundation of a satisfactory relationship is the loyalty of the medical men, whether in the factory or the school, to their colleagues, who have charge of the family.

If, as everyone is agreed, the family is to be the unit and the general practitioner is to be the basis of the health services, then there must be

loyalty on the part of everyone to the common aim. There is, of course, the question how far the worker has complete confidence in the medical man who is the servant of his employer. That difficulty may be met if the medical man's remuneration is derived from another source. Even if that be so, it still remains important that the workman should be encouraged directly and indirectly, to resort to the man who knows him in his home and as the father of a family. Moreover it has to be remembered that industrial workers lose about fifteen times as many working hours from non-industrial sickness and accidents as from occupational accident and disease.

The contribution of the doctor to the welfare of the worker may not be merely to secure his physical well-being but also to ensure his happiness in his daily work. The Committee present a broadened conception of the doctor's relationship to the worker. "The degree of precision", they say "with which the worker can be matched to his job need not be such as to call for minute physical and psychological examination, but it should be sufficient to avoid the waste and damage to health sometimes caused by allowing misfits who might have been recognized as such in good time to undergo training or attempt to carry out unsuitable work".

Two other cardinal points receive emphasis in the Committee report. The first is that "the industrial health service must not only be unified, it must be universal. It must provide a medical service for all industrial undertakings, however small and however widely scattered." The other point is the repetition of one which occurred in their earlier report, and that is in relation to the education of the medical student. No

(Concluded on page 82)

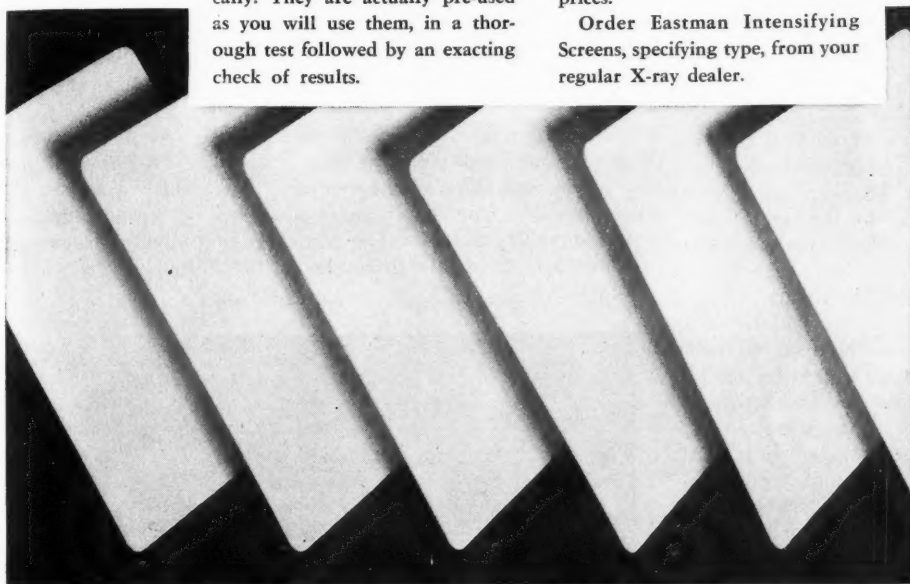
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Manitoba Legislation Provides for Licensing of Practical Nurses

THE Manitoba legislature has passed an Act to provide for the training, examination, licensing and regulation of practical nurses.

This Act provides that no person who is not a licensed practical nurse shall practise in the province as a practical nurse. If approved by duly qualified medical practitioners, a licensed practical nurse may be called upon to nurse patients during convalescence, after child birth when there are no complications necessitating the services of a registered nurse, in mild types of illness, in chronic illnesses of long duration not requiring the services of a registered nurse, or in any other cases described in regulations.

The enactment does not confer any authority to undertake the diagnosis, treatment or cure of disease, injury or deformity, or to practise medicine contrary to the Medical Act. Nor does the Act prohibit the care of the sick by members of the family or by domestic servants, housekeeper or other household helper, if she is employed primarily in a domestic capacity and does not hold herself out as a person licensed to practise nursing for hire. Nor does the Act prohibit any person from giving aid in the case of emergency or interfere with the services of pupil nurses.

An Advisory Council has been set up of ten members appointed by the Lieutenant-Governor in Council, in addition to the Deputy Minister of Health and Public Welfare, the Registrar and the Director of Public Health Nursing. One member of the ten shall be nominated by the Minister, one by the University of Manitoba and selected from the Faculty of Medicine, two from the Manitoba Association of Registered Nurses, one by the Hospital Council of Manitoba, two by the Manitoba Hospital Association and three shall be licensed practical nurses, nominated by their association or other official organization. Each member of the Advisory Council shall hold office for three years.

This Council will be empowered to issue, revoke or cancel licenses, to

consider reports and complaints, to make recommendations regarding regulations relating to the Act and to make regulations not inconsistent with the Act itself.

The Council will consider whether applicants for licensure have taken a prescribed course of training, had clinical experience of the prescribed length and time in a hospital designated for that purpose, passed an examination and been recommended by the Board for licensure.

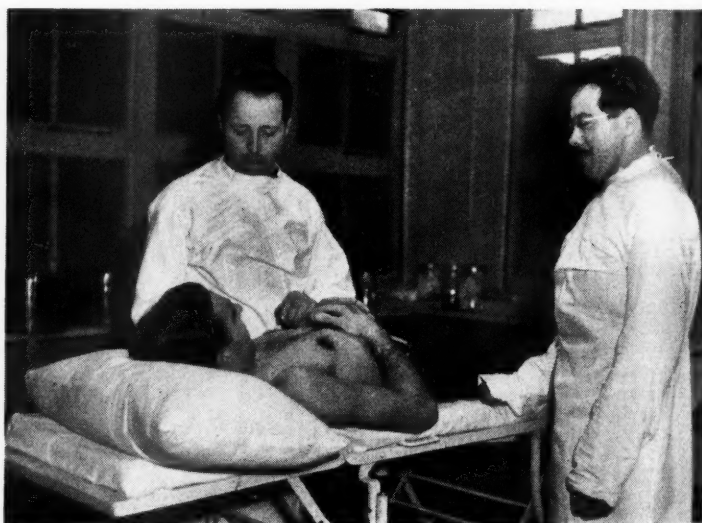
Practical nurses who have practised in the province for at least two years before the Act came into force, or who are registered as practical nurses in the Nurses and Doctors Directory, January, 1945, may be given a licence if their application is approved by the Council.

The minister is empowered to arrange with any hospital for the necessary accommodation for the central school proposed for the training of student practical nurses. The Minister may also arrange with any hos-

pital or hospitals for the complete training of practical nurses, including such training as otherwise would be given at the central school. The Council may make arrangements with any hospital for students in the central school to obtain clinical experience in other teaching or training as may be required in the hospital.

Salvation Army Hospital to Close

The Salvation Army Maternity Hospital, which has rendered outstanding service to the city of Sydney, N.S., for the past 25 years, will be closed down at the end of June. The hospital has reached the point where extensive improvements were necessary and a financial appeal was decided upon over a year ago. Since that time the new St. Rita Hospital has come into full operation, relieving the strain on the Maternity Hospital facilities. One of the factors which materially influenced the decision of the Salvation Army to close the hospital, was the proposal of the Sydney Hospital Commission to build a new City Hospital. The Salvation Army thereupon concluded that Sydney would be provided with adequate hospital care and decided to cancel its campaign and close down the hospital.



At Emergency Airfield

At an airfield in southern England used for emergency landings, the hospital is a busy place. The medical staff is made up of R.A.F. and R.C.A.F. medical officers. The surgeon above is F/L. H. H. Varty of Toronto, who is assisted by Cp. R. A. Webb of Jasper, Alberta. Their patient is an R.A.F. flight-lieutenant from London, England.

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Facilities for the Psychoses

(From an address on "Mental Hygiene Provisions in Public Health Programmes" by Clarence M. Hincks, M.D., General Director, National Committee for Mental Hygiene (Canada), Toronto, at the November 1944 convention of the Canadian Public Health Association. Complete address in C.J.P.H., March, 1945.)

FOR the psychoses, or so-called insanity, we possess mental hospitals, boarding homes, clinics, wards in general hospitals and psychopathic hospitals. Of these facilities, our mental hospitals bear the brunt of the burden in making provision for short and long-term treatment, and in acting as centres for the furtherance of community mental hygiene activities. At the present time, we have 56 mental hospitals in Canada, of which 32 are provincial mental hospitals, 15 county and municipal institutions, 2 Dominion hospitals and 3 private institutions. The total psychotic patient population in these hospitals is 35,518. To relieve overcrowding and to furnish accommodation for cases now in the community who also need hospital care, we require more than 10,000 additional hospital beds. In other words, our present mental hospital plants for psychotics are adequate to meet only three-quarters of our known needs. Judged from the angle of the quality of their services, our mental institutions are worthy in many ways but, at the same time, they have some obvious shortcomings. Commendable features include the provision of thorough-going diagnostic examinations, humane care, attention to physical welfare, and the utilization of shock and other therapies that have value in the psychiatric field. Among the weaknesses of our mental hospitals there are such deficiencies as: lack of sufficient individual attention to patients; failure to provide a full range of opportunities to intrigue patients

into wholesome activities; inadequate arrangements for the grouping and segregating of patients according to type; insufficient provision for the rehabilitation of discharged cases; the retention of too many asylum features in our hospitals that are relics of the days when custodial care characterized these institutions; lack of adequate training arrangements for junior psychiatrists; and too little research.

It should be our aim to put mental hospitals on a much higher level of functioning—on a level that will compare favourably with general hospitals in regard to scientific and clinical work. To overcome the weaknesses that have been enumerated, it is necessary to augment mental hospital appropriations and to provide greater incentives to attract and to retain hospital personnel of high calibre. At present, we are expending less than \$1.00 per patient per day for mental hospital maintenance. This is on a parity with costs for custodial care in our jails. It is less than one-third of general hospital costs. Mental hospital appropriations should be raised to \$2.00 a day to make individual care a possibility, and to effect needed progress in connection with therapy, staff-training programmes and research. On a rate of \$2.00 instead of \$1.00, our mental hospitals could afford to pay better salaries to physicians, nurses and other key personnel, and could finance such improvements in all branches of hospital work that promising Canadians would be attracted to devote themselves to this important field of psychiatry. As matters now stand, the financial rewards and opportunities for personal development are not sufficiently adequate to secure and retain a sufficient number of capable staff officers so as to insure the most efficient operation of these institutions. This state of affairs is unsound and should be corrected.

Very brief reference will be made to facilities, other than mental hospitals, that serve the needs of individuals suffering from psychoses. Adequately supervised boarding-homes are indicated for many patients upon discharge from mental hospitals to give them an opportunity to learn to re-adjust to community life before return to their own homes. This provision is made for 442 patients in Canada, with the plan largely restricted to Ontario. There is need for extension throughout the country with the objective of providing boarding-homes for 10 per cent. of those who are now in mental-hospital residence. Under such an arrangement, the number of patients in boarding-homes would be augmented from the present figure of 442 to 3,500.

Another necessary link in the chain of facilities directed to the psychoses is the mental hygiene clinic. It serves a useful purpose in diagnosis, in providing treatment for incipient cases, in making arrangements for hospitalization when such is indicated, in contributing to the rehabilitation of patients discharged from mental hospitals, and in undertaking a wide range of mental hygiene functions with individuals who are experiencing difficulty in their adjustment—with individuals who do not necessarily belong to the psychotic group. We possess 25 mental hygiene clinics in Canada. To meet our needs of one clinic for every 200,000 of our urban population and one clinic for every 100,000 of our rural population, we require in this country 58 additional full-time clinics—each one adequately staffed with a psychiatrist, a psychologist, one or more social workers and a secretary.

For the prompt hospital treatment of early cases of psychoses—for the meting out of therapy when it can be of greatest avail—there has been a modest development in this country of psychopathic hospitals and psychiatric wards attached to general hospitals. We possess well-organized psychopathic hospitals in Winnipeg, Toronto and Montreal, and we have psychiatric wards attached to the Regina General Hospital and the Victoria General Hospital, London. There is need for the extension of these facilities.

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With the Auxiliaries

British Columbia News

(The following is excerpted from a report to us by Mrs. A. A. Plummer, President of the British Columbia Hospital Auxiliaries, which gives a comprehensive account of the work done by these hospital aids during the past year.)

In the annual report of the B.C. auxiliaries given at the convention in Vancouver, reports were submitted covering 62 auxiliaries, which altogether had raised \$25,900 during the year. Apart from this the women of the country hospitals had grown and bottled thousands of quarts of fruit and vegetables and made jam for their hospitals. They have supplied linen, mended it and, in some cases, even laundered it.

The women in the small towns have employed every known method of entertainment to raise money, and have supplied many needed appliances, ranging from isolation cots to special lamps and sterilizing equipment, etc.

In the larger cities the need is more for social service work. We maintain canteens summer and winter, make home visits and supply transportation, which helps to clear beds for the next patients on the hospitals' long waiting lists.

Hospital auxiliaries in the province seem to fall into several different groups. There is that in the city hospital, which is always full of indigent patients. Auxiliary work for these patients during their period of convalescence at home is really trying to prevent a relapse and a second unnecessary trip to the wards, and so to save money for the hospital and the taxpayers.

Then we have the company town, where there are practically no unpaid bills, where the patient is well taken care of and knows that a job awaits him on discharge. Auxiliary work in such a hospital usually means the purchase of equipment, etc.

There are also the religious institutions—the Catholic and the King's Daughters. Auxiliaries in these look after both patients and hospitals.

All have one problem in common,

that communities are deserting the hospitals for war work and volunteers are hard to get and keep. Then, too, some hospital auxiliaries are financed by the Community Chest and their budgets have been cut since the war.

Some British Columbia hospitals are just beginning to find that they need an auxiliary. Ocean Falls is the latest to organize one.

On the whole the women are doing a marvellous job for the sick in the province and we are proud of them, especially in these days when they all have many other claims on their time.

Armstrong: This hospital has two auxiliaries; the Senior look after the mending and linen and have recently had a successful bingo party to augment their funds for purchasing linen (towels, sheeting and pillow cases). The Junior Auxiliary held a dance recently and are completely refurnishing one of the private wards, at a cost of about \$250.00.

Marpole Infirmary, Vancouver, B.C.: The Women's Auxiliary to the Marpole Infirmary held a white elephant sale on March 27th last. This sale took on department store proportions. There were separate departments for ladies dresses, shoes, men's suits, lingerie, household effects, etc.

* * *

News from the Maritimes

Nova Scotia

The Ladies' Aid at St. Joseph's Hospital, Glace Bay, made a somewhat novel contribution to the hospital this last year. Asphalt tile flooring was laid in the main entrance and first floor corridor of the old building, replacing the former linoleum. Worked into the pattern in the main lobby, and forming a centrepiece, is a large blue cross which is symbolic of the Maritime Blue Cross Hospitalization Plan, of which St. Joseph's is a member hospital. An infant resuscitator was also purchased during the year.

New Brunswick. — Mrs. James Porteous was elected president of the

Women's Hospital Aid of the General Hospital at Saint John, succeeding Mrs. Percy N. Woodley. Mrs. W. J. Lamb was elected convenor for the tuberculosis hospital, and Miss Ethel Cameron was chosen as assistant treasurer.

This very active Aid has a membership of 1,300, and has been giving loyal and generous support to the Saint John General Hospital for a number of years.

St. Mary's Hospital, Inverness. During the past year the Junior and Senior Ladies' Aid have been responsible for the erection of an additional entrance to the hospital. They have furnished semi-private rooms, provided the hospital with an adding machine, a wheel chair, weekly treats for patients and Christmas gifts to patients and staff. Their present objective is to provide the hospital with a new delivery table.

A Blood Donors Club has been organized and voluntary donors are grouped and are available at any time.

* * *

Ontario News

The annual convention will be held October 22nd, 23rd, and 24th at the Royal York Hotel, Toronto. On Sunday evening, October 21st a brief service of dedication will be held, after which there will be a Round Table which will include the advisory committee and the executive (president of each affiliated group). Plans for future work will be talked over. On Monday morning October 22nd we shall have our usual breakfast meeting with a programme and special speaker. Following this, we shall adjourn at 10.30 to Parlor B for the opening session and reports. For the noon luncheon we shall join the Ontario Hospital Association. At 2.00 p.m. we shall re-assemble in Parlor B and continue reports and discussions until adjournment at 4.30 p.m.

On Tuesday morning, October 23rd there will be a sectional meeting in Parlor B with three outstanding speakers and a discussion following. In the afternoon we shall deal with unfinished and new business and adjourn at 4.00 p.m.

(Concluded on page 82)

Archimedes investigated

ARCHIMEDES, Greek scientist, when asked to find out whether the king's crown was all gold or partly silver, discovered the key to the problem by dropping a mass of gold and a mass of silver each the exact weight of the crown, into a bowl of water and measuring the water which escaped. Thus he discovered the important law of Specific Gravity.



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Rev. A. M. Schwitalla Chosen Moderator of Physicians' Guilds

The Rev. Alphonse M. Schwitalla, S.J., president of the Catholic Hospital Association and dean of the St. Louis University School of Medicine, St. Louis, has been named moderator of the Federation of Catholic Physicians' Guilds and editor of the Federation's journal, the *Linacre Quarterly*. Mr. M. R. Kneifl, St. Louis, executive secretary of the Catholic Hospital Association, has been named acting executive secretary of the Federation. The announcement of the change in officers was made March 24th following a meeting of the executive board of the Federation at the Hotel Pennsylvania, New York. It was also announced that the Federation is now an affiliate association of the National Catholic Welfare Conference. By agreement with the Catholic Hospital Association, the offices of the Federation are moved for the present from Brooklyn to the Association's offices at 1402 South Grand Boulevard, St. Louis, 4. In the business management and administration of the Federation, the Catholic Hospital Association will act as agent on behalf of the Catholic Physicians' Guild.

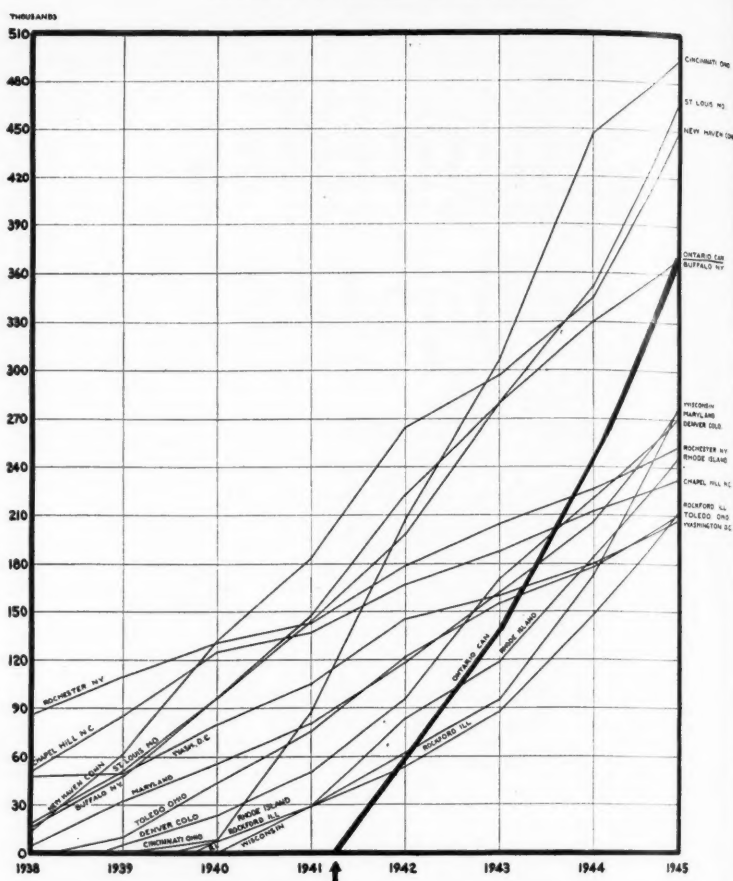
New Hospital for Sackville

Contracts have been let for the construction of a new hospital at Sackville, New Brunswick. It will be a one-storey brick building, with accommodation for 22 patients. It is estimated that \$100,000 will be needed for the construction, of which \$60,000 has already been subscribed.

Borrowed (?) Finery

When a Red Army hospital was set up in a castle in Kreuzburg, Germany, the place was found to be crowded with beautiful furniture from Soviet museum palaces, marked with the inventory numbers of Peter I's Palace near Leningrad. Exquisite and fine as golden lace, the furniture stood out in a gloomy castle. There were also a number of malachite vases by old Urals masters, a table of mosaic on polished stone, from the Kiev Museum, and other loot. A *Pravda* correspondent writes that Germany is a colossal thieves' den; peasant cottages, middle-class homes, palaces and factories are filled with goods stolen from all Europe.

Growth of Blue Cross Plans



Ontario Plan Rates High

The Ontario Plan for Hospital Care (heavy black line) rates exceedingly well in a comparison of the growth of the various plans reporting 200,000 to 500,000 participants on January 1st, 1945. The only other plan with as rapid a rate of growth is that in Cincinnati, which started a full two years earlier.

Participants in the Ontario Plan stood at 413,690 at the end of March.

Thanks to Correspondents

Some weeks ago the Editor wrote to the various association secretaries and to a number of administrators requesting them to keep *The Canadian Hospital* informed of local happenings or developments which would be of general interest to our readers. The response has been excellent and we wish to thank our correspondents for this co-operation.

It is our hope that this will be kept up. Our magazine is steadily expanding in size each year and we have more space for those items which keep us acquainted with what goes on in other parts of the country. We hope everyone will feel free to send us news items or contributions of an original nature which could be used in these columns.

SAFETY

FROM AIR-BORNE INFECTION WITH HANOVIA ULTRAVIOLET SAFE-T-AIRE LAMPS

Scientific research has shown the danger of infection by air-borne bacteria and viruses. Coughing, sneezing and even talking are important factors in producing air contamination. This source of infection has, in the past, been largely uncontrollable. Today, Safe-T-Aire Ultraviolet Lamps have been shown to destroy pathogenic micro-organisms floating in the air. Hanovia Safe-T-Aire equipment is used to furnish air sanitation and by this means to lessen the danger of infection through air-borne organisms.

Common diseases frequently transmitted through the air and which, therefore, may be at least partially controlled by using Hanovia Safe-T-Aire Lamps include the following:

Measles	Colds
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Pertusis	Streptococcal Throat
Scarlet Fever	Infection
Diphtheria	Encephalitis
Poliomyelitis	German Measles
Meningococcic Infection	Influenza
Whooping Cough	Tuberculosis

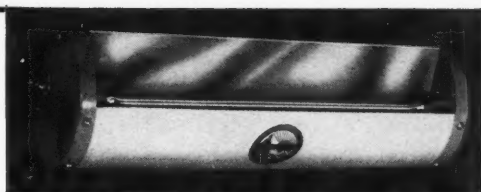
Safe-T-Aire Lamps, properly installed, provide air disinfection of high value. This is a step toward making indoor spaces contagion-proof, just as we now have buildings which are fire-proof.

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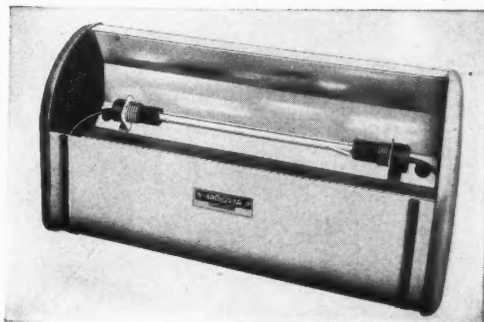
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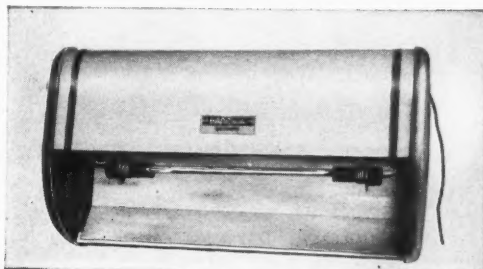
MODEL ST 2849 G-X . . . SMALL WALL LAMP

For use in more confined areas such as waiting rooms, offices, weighing rooms, examination rooms, etc.



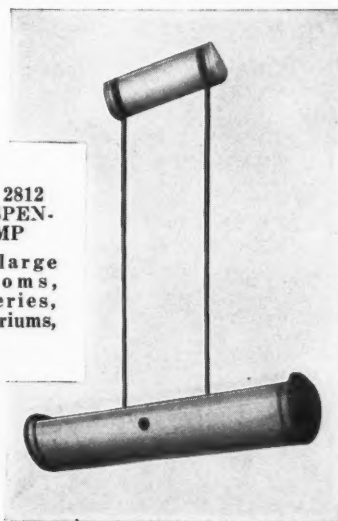
MODEL ST 2815 WALL LAMP

For use in office, waiting rooms, doctor's examination rooms, corridors, meeting places, etc.



MODEL ST 2815 OPERATING ROOM LAMP

Especially designed for use in the operating room.



**MODEL ST 2812
CEILING SUSPENSION LAMP**

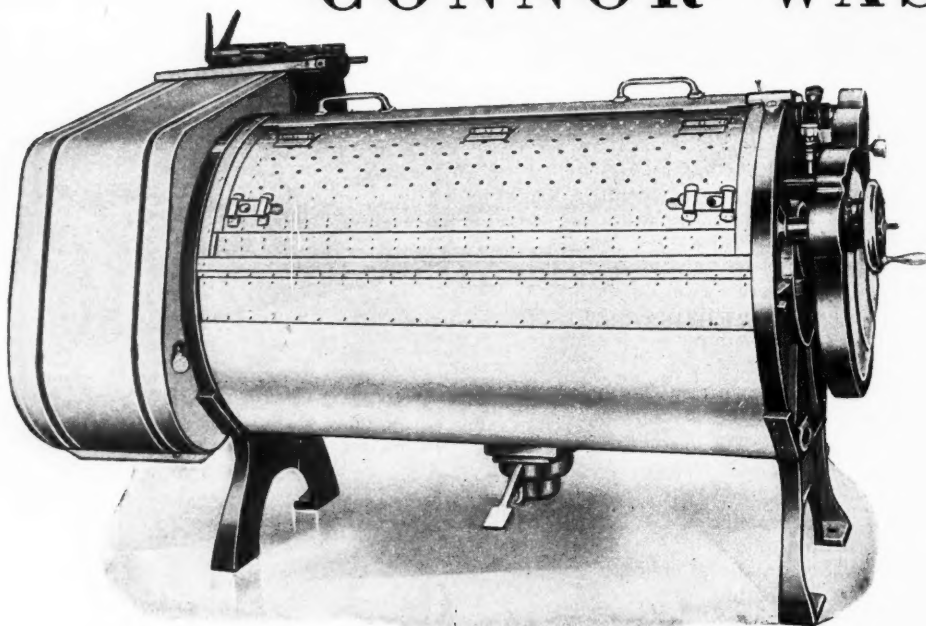
For use in large waiting rooms, offices, nurseries, clinics, auditoriums, etc.

This illustration shows the Hanovia Safe-T-Aire Wall Lamp in nursery of large eastern hospital in the United States.

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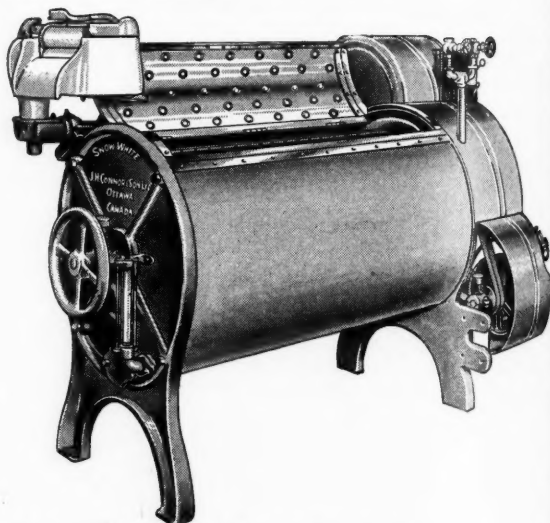
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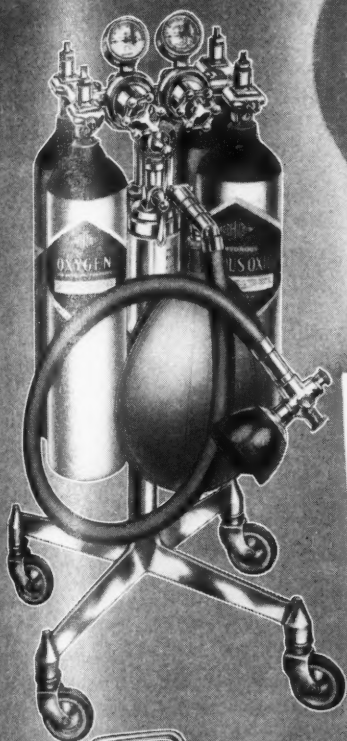
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Junior Portable Outfit Model 502
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This junior member of the well-known Heidbrink Kinetometer family delivers anesthesia or analgesia for any minor surgical operation or obstetrical case, is ideal for emergencies, and sufficient for many major surgical operations.

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The Heidbrink Junior is available in two basic models: No. 531 (illustrated) for Nitrous Oxid-Oxygen-Ether; No. 533 for Ethylene-Oxygen-Ether. Either model may be equipped with Obstetrical Automat.

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Mounted on a small telescoping stand with provision for attaching four small tanks of gas, the Junior Portable can be easily transported in its carrying case, always ready for instant use. The complete unit with case weighs only 35 pounds. This apparatus, with Obstetrical Automat as optional equipment, is especially practical for self-administration of analgesia in obstetrical cases. Control of analgesia by the patient during early stages of labor secures the patient's confidence and cooperation.

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Modern Hospital Publishing Company Sponsors Interesting Competition

Prizes of \$500.00, \$350.00 and \$150.00 have been offered by Modern Hospital Publishing Company for the best essays on "A Plan for Improving Hospital Treatment of Psychiatric Patients". The competition is open to anyone except the judges and employees of "The Modern Hospital"—any interested person is eligible to compete. Two or more persons may write a joint essay.

Essays shall not exceed 5,000 words in length, and shorter essays are preferable. They shall be typed double space on one side of the sheet only, and an original and two legible carbon copies must be submitted to permit the judges to read them simultaneously.

The contestant's plan for improving hospital treatment and care of psychiatric patients should not be narrow, covering only a single segment of the problem, but it can attack the entire subject from a spe-

cial point of view, such as that of the administrator of a general (as well as a psychiatric) hospital, or that of the psychiatric social worker or nurse or attendant or public relations director, or the patient himself or his relatives. Contestants are urged to use imagination and to present new and promising ideas even though they may not have been actually tested as yet.

Essays shall be mailed to the Managing Editor, the Modern Hospital Publishing Company, 919 North Michigan Avenue, Chicago, Ill., in time to reach that address by October 1st. Registered mail is recommended. Winners will be announced on or before December 31st, and will be notified by telegram. In case of a tie, duplicate prizes will be granted.

Three outstanding authorities on hospital treatment of psychiatric patients will judge the essays. They will be drawn from the United States

Public Health Service, the American Psychiatric Association and the National Committee for Mental Hygiene.

Details of how to submit entries can be obtained from the Managing Editor of "Modern Hospital".

Changes at Fort Qu'Appelle

Miss Elizabeth Pearston of Edmonton, Alberta, has been appointed Lady Superintendent of Saskatchewan's Fort Qu'Appelle Sanatorium. She succeeds Miss E. E. Love, who has retired after twenty years of service.

At the present time there is under construction a new medical wing equipped for diagnostic clinic service, and a new patients' building which will accommodate eighty-five patients. This building is fire-proof, equipped with sun balconies and rest balconies, and the interior rooms are air-conditioned.

Saskatoon Sanatorium Adds O.R.

During the past year the Saskatoon Sanatorium has completed an up-to-date, air-conditioned operating room. It is especially equipped for chest surgery.

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A Single Autoclave

as in this Nurses' Work Room in Belleville
General Hospital, Belleville, Ontario.

or a Battery of Five

as in this sterilizing room on the surgical
floor of Charity Hospital, New Orleans, La.



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hospital stating bed capacity,
amount of surgery and obstetrics
to be done, and
space sketches or

floor plans of the building, are
required for guidance in prepar-
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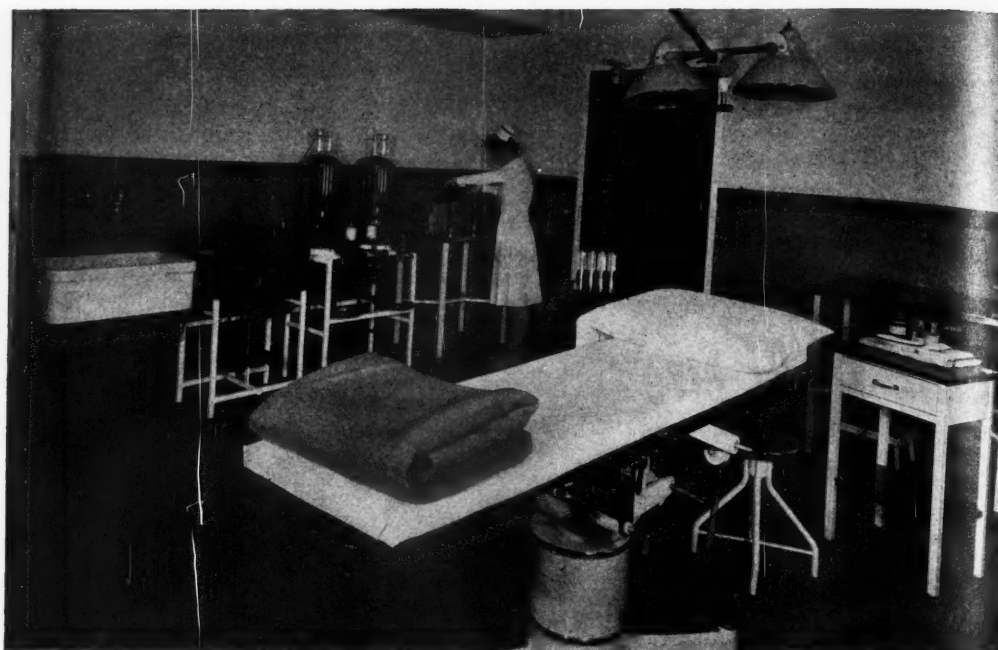
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Picture courtesy of Harold J. Smith, Architect.

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“Dunlopillo” Cushioning is thus available because the vital work of hospitals demand its inclusion in their humane service. For “Dunlopillo” Cushioning assures the greater comfort and rest of patients. Light in weight, dustless, aseptically clean and buoyantly resilient, “Dunlopillo” Cushioning has proved of outstanding value in facilitating the work of Physicians, Nurses and Staffs in hospitals everywhere in Canada.

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**DRAX protects
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Delegates Being Named for C.H.C. Meeting

Several of the associations and conferences which had not hitherto selected official delegates have now named their representatives to attend the Canadian Hospital Council meeting at the Royal Connaught Hotel in Hamilton from Wednesday, September 19th to Friday, September 21st.

This year it is planned to devote most of the time to a general discussion of selected topics of current interests rather than to have a series of addresses. The chairman of the Local Arrangements Committee is Dr. Miles G. Brown, superintendent of the Hamilton General Hospital. Any person connected in any capacity with one of our hospitals or with any of the professional or technical associations related to hospital work will be welcome at this meeting. Reservations at the hotel should be made as early as possible.

Results of Regina Tbc. Survey

Thirty-two new active cases of tuberculosis were discovered in the city of Regina as a result of the tuberculosis survey conducted in that city last spring. Dr. George R. Walton, city health officer, in reporting on the results of the survey, stated that 48,709 persons had been examined. The survey was conducted from April 17 to May 12 by the Saskatchewan Anti-Tuberculosis League in co-operation with the city of Regina and various local organizations. Some 2,300 voluntary workers assisted with the survey and the clinics.

Although the population of Regina is 58,000, it was estimated by Dr. Walton that only 53,000 were really available for the survey. No attempt was made, he said, to examine about 700 infants under six months of age, and 916 citizens were admitted to hospital during the survey. An estimated 1,000 more were possibly ill at home and could not attend the clinics, and there were also a number of people out of the city.

Twenty-one of the thirty-two cases discovered through the survey were in need of treatment and were ad-

mitted to sanatoria. The remaining eleven are being kept at home under observation. Most of them will not require treatment.—*Bulletin of the Canadian Tuberculosis Association.*

Group Takes Over Hospital

The Grand Forks Community Hospital Society has been incorporated to take over the Grand Forks Hospital in British Columbia, which has been operated by Dr. C. M. Kingston since 1906.

The new society plans to raise \$40,000 to modernize equipment and place the hospital on a sound financial basis.

Radiologist Appointed at St. Joseph's in Sarnia

Major S. R. Bennett, M.D.C.M., D.R., has been appointed radiologist for the new St. Joseph's Hospital, Sarnia. After graduation from Dalhousie University, Major Bennett received his degree of Doctor of Radiology from the University of Toronto. He has recently received an honourable discharge from the Army, where he has served since the early days of the war.

SCIENTIFIC INSTRUMENTS...

The King's Touchpiece

IN OLD ENGLAND, when the King cured the King's Evil, he gave every lucky patient a penny—the King's touchpiece.

The sovereign did, in fact, work remarkable cures. His patients were mainly victims of slight glandular tuberculosis, and the long open-air journey to the capital, plus better food usually given to the King's patients,

may have had something to do with the royal therapy.

Today we demand scientifically assured performance. Sterilization indicators that react to 250 deg. F. in three or four minutes are outmoded.

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Most radiologists and hospitals today are facing that dual problem!

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Liquidol saves labor . . . it's the equivalent of having extra help, because it lets you turn out *more radiographs per man per day!*

One reason for this is that *AnSCO Liquidol* is in *liquid* form. It eliminates the weighing of separate chemicals, or the time and work of dissolving packaged developers in powder form.

It's fast to use, too—normal exposures on *AnSCO High Speed X-Ray Film*, for example, are fully developed in only 3 minutes at 68°F. It's economical—

MAY, 1945

it develops about 50% more film than other common developers. And it has excellent keeping qualities!

AnSCO Liquidfix brings similar time and labor-saving advantages to your x-ray *fixing*. Comes in concentrated liquid form—a one-quart bottle makes a gallon of working-solution. A special faster-acting agent replaces the customary "hypo"—reduces clearing time, and will process about 30% more films.

Try *both* of these great products. You'll be surprised how they ease the manpower shortage! **AnSCO, of Canada Limited, Toronto, Ontario.**

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Book Reviews

FLAMMABLE LIQUIDS, GASES, CHEMICALS AND EXPLOSIVES—Compiled by Robert S. Moulton, Technical Secretary, National Fire Protection Association (International), Boston, Mass. Pp. 591. Illustrated. Price \$3.00 (U.S.A.), National Fire Protection Association, Boston, 1945.

This compilation is designed to be a reference book to all of those who are responsible for safe-guarding human life and property from fire and explosion hazards and to those who have to work with flammable liquids, gases, chemicals and explosives. This volume supersedes the National Fire Code for flammable liquids and gases published in 1943. The codes given are in the form of suggested ordinances, standards or recommended good practice requirements. They are universally recognized and used as the authoritative guide to the best practice. Irrespective of their form the codes are purely advisory although in many areas, they have been adopted by legislative action or by administrative authorities. Among the sections included in the book are ones on Flammable Liquid Storage and Handling, Oil and Gasoline Burning Equipment, Utilization of Flammable Liquids and Gases, Refrigeration and Fumigation, Explosives and Nitrocellulose Materials, Tables of Properties of Hazardous Chemicals and Flammable Liquids, and Flash Point Tests. There are sections on dry cleaning, motor craft, paint spraying, gasoline and kerosene on the farm, nitrocellulose film, combustible liquid storage, etc. One section of the book deals with anaesthetic gases and oxygen in hospitals and recommended safe practice for the use of combustible anaesthetics in hospital operating rooms. As every hospital uses flammable and explosive anaesthetic gases and oxygen and is interested in paint spraying, to mention only some of the chapters included, this authoritative compilation would be a valuable addition to any hospital library. Although prepared primarily for use in the United States it would prove equally applicable in this country for Canadian authorities on these subjects work very closely with this association.

THE ATTENDANT'S GUIDE — By Edith M. Stern. Pp. 104, paper cover. Price 50c to 35c, depending upon the quantity ordered. The Commonwealth Fund, New York, 1945.

This little book was prepared for the use and guidance of the many thousands of attendants in mental hospitals.

It is realized that physicians, nurses, social workers and special therapy aids and others, all make their contribution but the attendant is the one who is with the patient most of the time. It has been the object of Mrs. Stern to provide a picture of what could be accomplished by the intelligent, well-trained and conscientious attendant. The book is full of valuable suggestions respecting the care of the patients, the relationship of the attendant to the patient and respecting the attendant himself. Although written primarily for the attendant in mental hospitals, it is a book which could be studied with much profit by the nurse, the ward aid, the volunteer nurses aid, and the orderly in every active or convalescent hospital or one for patients with chronic diseases.

B.C. Blue Cross Plan Has Successful Year

The first annual meeting of the Associated Hospitals Services of British Columbia, held recently in Vancouver, showed that the Plan had made splendid progress during its inaugural year.

Gross income for the year totalled \$107,303.26, with \$73,140.17 paid out to cover hospital bills of subscribers. The Plan has an enrolment of 15,475 subscribers with 17,209 dependents.

No place like home... Have a Coca-Cola



... let's have a swing session at our house

A good way to put Welcome on the mat at your house is to have ice-cold Coca-Cola in the refrigerator. Have a Coke just naturally means Be one of our gang or You're like one of the family. Whenever young folks meet for a song fest, chin fest or swing session, ice-cold Coca-Cola is their chosen symbol of companionship and refreshing fun.



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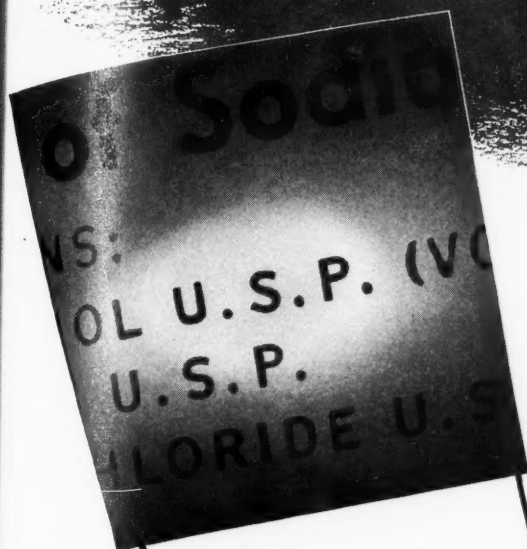
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Penicillin and Venereal Diseases Gonorrhoea

Today, penicillin is the drug of choice for the treatment of gonorrhoea. The recommended dosage for male patients is 100,000 units given intramuscularly in divided doses over a period of 8 to 15 hours, and for female patients 300,000 units given intramuscularly in divided dosage over 36 hours.

Syphilis

The treatment of syphilis with penicillin is still in the experimental stage. Preliminary results indicate that the amount of penicillin required for the treatment of early-acquired syphilis, in the primary and secondary stages, will not be less than 2,400,000 units.

Little is known yet of the value of penicillin for the treatment of latent

syphilis and of the various forms of late syphilis.

Masking of Syphilis

The amount of penicillin required for the treatment of gonorrhoea (much smaller than the amount required for treatment of syphilis) can delay or even, possibly, prevent the appearance of the primary lesion of syphilis in the event that the patient may have contracted both gonorrhoea and syphilis at the same time. This amount of penicillin may also delay the occurrence of the positive serologic test for syphilis in such a case. Therefore, it is of extreme importance to perform a serologic test for syphilis three months after the completion of treatment of every gonorrhoea patient treated with penicillin.

"Find V.D. Contacts— Report V.D. Cases"

Melfort Hospital to Get New Wing

Improvements totalling \$100,000 will be made to the Lady Minto Hospital, at Melfort, Saskatchewan. A new wing added to the building will increase the bed capacity from 50 to

85 beds. Work on the new wing is to begin this month.

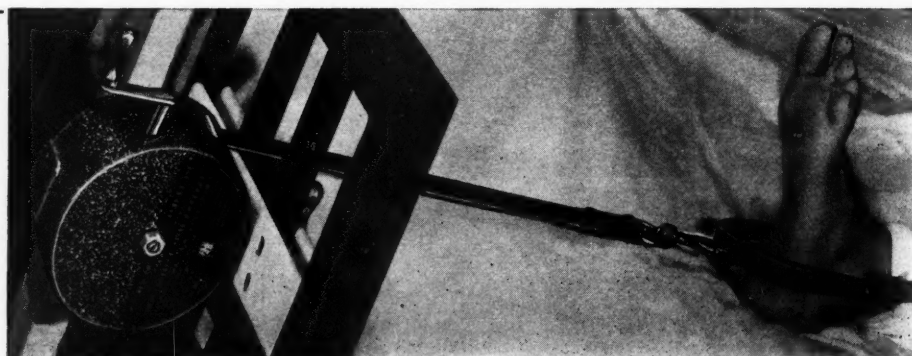
Major and minor operating rooms are included in the plans. An x-ray room and laboratory will be built in the basement of the new wing and also a dining room for the staff and a kitchen. Fireproof construction is planned and the addition will be of concrete faced with brick.

B.C. Bill to Provide Funds for Hospitals

Authorization has been asked by the provincial government of British Columbia for appropriating, from accumulated surpluses, the sum of \$1,600,000, "for special grants to aid in the construction of hospitals of the province".

To Build Veterans' Hospital at Victoria

Contracts have been let for the new Department of Veterans' Affairs hospital to be constructed at Victoria, B.C. The building, which will cost approximately \$860,000, will have accommodation for 200. Part of the land for the structure was given to the Department by the Royal Jubilee Hospital.



For Improved Care of Amputation and Fracture Cases

● SEALSKIN Liquid plastic skin adhesive

features . . . The liquid dries to form a complete coherent membrane which is very soft, highly elastic and possesses great tensile strength. Because of these qualities it affords the patient greater comfort, and a more even distribution of traction. On removal, the Sealskin adheres to the bandage and peels off as a membrane. Tests at two military hospitals have proven the advantages of this material over others previously tested.

J-500 Per 4 oz. jar \$1.25

J-502 Per 16 oz. jar 3.75

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● HERZMARK TRACTION REEL

features . . . There are no weights to add or take off. Any amount of traction up to twenty pounds can be set by turning the removable key. The apparatus is self-contained. It provides constant traction since the weights are not bumped into, cannot become caught in the bedding, or at the foot of the bed. Furthermore, once the traction is adjusted and the key removed, visitors cannot change the adjustment. Movement on the part of the patient causes practically no variation in the amount of traction. The apparatus is easily attached to the bed with one wing nut and two wooden horizontal cross bars. When setting up the vertical extension, two wing nuts are used. The apparatus is durably built . . . there is nothing to get out of order.

B-1000 Herzmark-Adams Traction Reel complete with two 12" wooden horizontal bars and one 14" vertical extension bar. Prices in U.S.A. (Canadian prices higher) \$34.50

Write for literature on your letterhead please.

ORDER FROM YOUR SURGICAL DEALER.

TRAFFIC CAUSES DUST TO RISE...



WESTONE FLOOR TREATMENT CONTROLS DUST

Westone, the chemical floor treatment in liquid form simplifies floor maintenance problems. It continuously improves floor appearance, penetrates rapidly and evenly and *actually seems to become part of the floor material itself*. Westone controls dust in room atmosphere because the presence of dust in room atmosphere is due not so much to open windows as it is to floor traffic. The problem is to keep the dust from rising. Westone has, in addition to its other properties, a peculiar *affinity for dust* and when properly used to maintain a floor, the atmosphere will be comparatively free from it because foot traffic will not cause the dust to rise. Westone is very economical to use.



WEST DISINFECTING
Company

Branches and Offices: Calgary • Halifax
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MAY, 1945

69

DON'T WAIT, MR. DRUGGIST...

PLACE YOUR ORDER NOW!

INTRODUCTORY OFFER:
With each purchase of
11 tubes, one tube FREE
for a limited time only.

'CALIGESIC'
OINTMENT ANALGESIC CALAMINE
OINTMENT (GREASELESS)

● Are you ready to meet the coming prescription demand for the new antiseptic antipruritic: 'Caligesic' Analgesic Calamine Ointment?

If you're not, you'll want to take advantage of the introductory offer... because this antiseptic antipruritic promises to be one of the fastest-selling and most popular items for the relief of itching and skin irritations.

'Caligesic' Ointment is a greaseless, (vanishing cream base) bland cream that does not stain the skin and can be safely used on children. Its antiseptic, anesthetic, analgesic, protective properties afford prompt, soothing relief in the treatment of dermatitis venenata (ivy and oak poisoning) summer prurigo, intertrigo, insect bites, pruritus ani, pruritus vulvae, pruritus scroti and other skin irritations and inflammations.

For external application only, each 100 Gm. of 'Caligesic' Ointment contains: Calamine, 8.00 Gm.; Benzocaine, 3.00 Gm.; Hexylated Metacresol, 0.05 Gm. Supplied in 1½ ounce tubes. SHARP & DOHME (CANADA) LTD., TORONTO 5, ONTARIO.

A professional sample of 'Caligesic' Ointment was mailed May 1st to every physician in the Dominion. Place your order today with your wholesaler and be ready to meet the coming prescription demand.

LIFE WITH "JUNIOR" by Elsie, the Borden Cow



**"WITH YOU - I'M WILLING TO SHARE
EVEN MY BORDEN'S EVAPORATED MILK!"**

© The Borden Co. Ltd

EVERY TIN of evaporated milk that bears the Borden label has passed the most rigid tests for purity.

Through every process—from farm to plant to finished product—freshness and quality are protected and must meet the highest standards. Borden's Evaporated Milk is steril-

ized, and irradiated with sunshine vitamin D.

These are the reasons why many physicians recommend Borden's for infant formulas. And these are the reasons too, behind that well-known saying. "If it's Borden's, it's got to be good!"



At your request we will be pleased to send formula suggestions in card form — also prescription pads.

THE BORDEN COMPANY LIMITED

Spadina Crescent, Toronto

A.C.H.A. Grants-in-Aid

In recent months the American College of Hospital Administrators has received a number of very generous gifts, either for specific purposes or in support of the general programme of the College.

One thousand dollars was contributed by the Modern Hospital Publishing Company supplementing a similar contribution made in 1943 to assist the College in developing its educational programme.

One hundred and fifty dollars was received from Mr. Phillip R. Mather of Boston, a brother-in-law of Dr. Robert H. Bishop, Jr. This gift was given without restrictions.

In December, 1944, the Modern Hospital Publishing Company gave a further one thousand dollars for use in setting up a publication fund for the College in any way deemed most effective by the Regents.

Five hundred dollars was received from Dr. Claude W. Munger, A.C.H.A. President, to initiate continuous supplementary support for the general programme of the College.

Coming Conventions

June 11-15—Canadian Medical Association, Mount Royal Hotel, Montreal.

June 19-22—Maritime Hospital Association, Charlottetown, P.E.I.

September 19-21—Canadian Hospital Council, Royal Connaught Hotel, Hamilton.

October 22-24—Ontario Hospital Association, Royal York Hotel, Toronto.

October 25—Ontario Conference Catholic Hospital Association, St. Michael's Hospital, Toronto.

The sum of five hundred dollars was received also from Miss M. Burneice Larson, Director of Medical Bureau, Chicago, in March of this year in support of the contribution given by Dr. Munger.

France's Health Seriously Affected by Occupation

Four years of German occupation in France left that country in such an unsatisfactory state of health that the plight of 75 per cent of the people in towns and cities is very serious, it is declared by responsible experts. Tuberculosis, for instance, is spreading to districts which before the Nazi invasion were never affected by this disease, and, with

meningitis, is very pronounced among youths and girls of eighteen years and upwards. Since the beginning of the war many thousands of beds have disappeared from the hospitals. Thus one of the chief difficulties is a very grave shortage of accommodation in these institutions, and this accentuated by absence of heating facilities. In addition to curative action preventive steps are now to be taken exhaustively and every person is to be examined in efforts to trace diseases to their source. Substantial help and supplies of medical equipment and drugs have been promised by the Allies.

—*"The Hospital Magazine",
Melbourne, Australia.*

No Shadow — No Heat

from

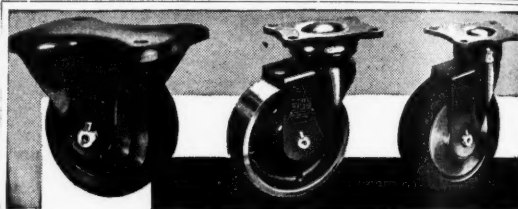
WILMOT CASTLE OPERATING LIGHTS

The unique design of all Castle Operating Room lights assures the surgeon of adequate illumination at the bottom of the incision.

Surgeons need not fear bulb failure in a Castle Multiple unit light. If one bulb should fail during an operation, others remain for sufficient illumination. For further details write—

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TORONTO WINNIPEG CALGARY VANCOUVER



Quiet . . . Easy Rolling . . .

DARNELL CASTERS

Just Right for the Hospital

Where quiet is essential Darnell Casters fill the bill. Rubber-treaded, rolling with velvet smoothness, precision built Darnell Casters are easy on the floors and equipment. Write for complete information.

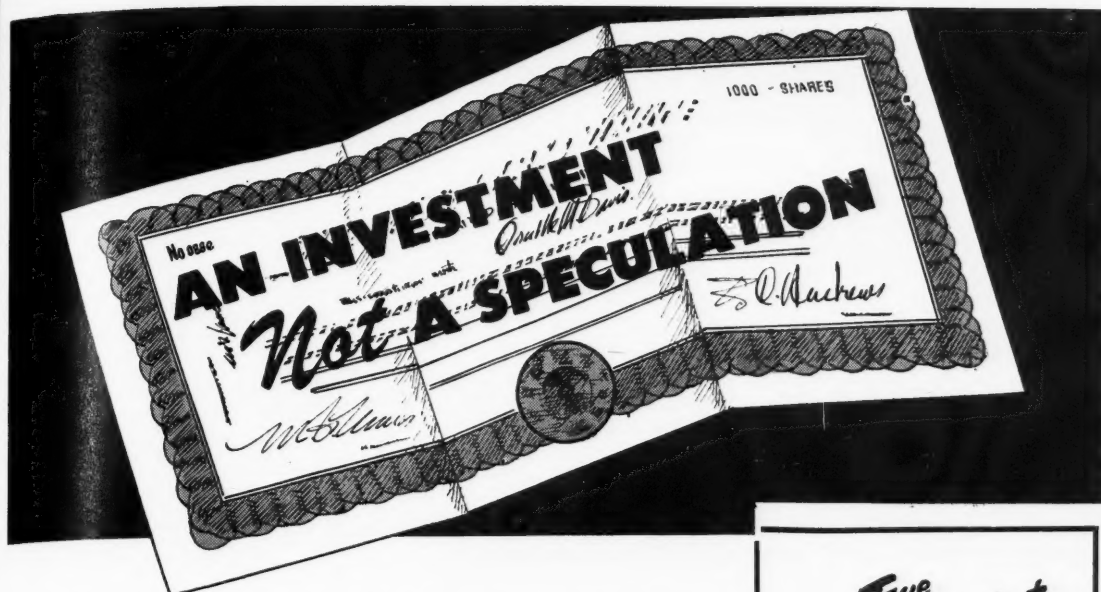
DARNELL CORPORATION

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68 Lombard St.

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"A Saving at Every Turn"



Two vital questions are to be asked about any heating system: "How much will it cost to install?" and "How much will it cost to operate?"

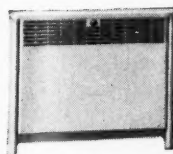
Dunham Differential Heating costs little more to install than ordinary, uncontrolled steam systems . . . but a great deal less to operate year after year. Records of service in all types of buildings prove that this system is an investment not a speculation. In a remarkably short period, a Dunham Differential Heating System will pay for itself.

Automatic control creates substantial savings in operation. Even when manually operated, there is considerable saving compared with other types of systems. Built as a system with all parts—traps, pumps, valves co-ordinating to produce a continuous dependable performance with low maintenance costs.

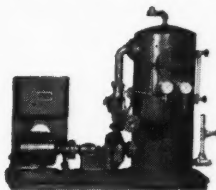
The best evidence of the fuel economy of Dunham Differential Heating is buildings changed-over to this system. Savings from 25% to 40% annually have been made.

Year after year Dunham Differential Heating will pay dividends in service and the return on your investment of heating comfort cannot be equalled by any other system. C. A. Dunham Co. Limited, 1523 Davenport Rd., Toronto 4. Offices from Coast to Coast.

Builders of a complete line of heating equipment.



Cabinet Convectors
with easily removable
front panel



Vacuum Pumps



Radiator
Traps

DUNHAM

Differential Heating

*** Takes on the whole burden of maintaining comfort-level temperatures at all times, in all parts of a building, in all weather conditions, under variables in service and occupancy.

True Heating Comfort

Heat-comfort requires a constant balance of the steam supply against the requirements for warmth. The requirement is variable, the steam supply should likewise be variable, but not intermittent. Only Dunham Differential Heating has the necessary flexibility to fully meet this variable requirement because no other system is capable of a continuous flow, giving a feeling of "warmth" through automatic control of both steam temperatures and steam volume.

One of a series of advertisements to acquaint owners and operators of commercial, industrial, institutional and apartment buildings, and consulting engineers and architects with Dunham Differential Heating.

1. How does Dunham Differential Heating differ from other steam systems.
2. Flexible steam gives comfort.
3. An investment not a speculation.
4. Dunham Differential Heating "changes gears" with the weather.
5. Will your properties benefit by Dunham Differential Heating?
6. Their names and location are legion.

Don't Leave it All to the Drugs

Following the discovery of the wonder drugs, there seems to be a tendency on the part of many people to sit back and do nothing in the nature of preventive care of their own bodies, apparently feeling confident that penicillin, the sulphonamide group and others in modern medicine will work miracles. Indeed, the attitude is that sickness simply doesn't matter; that any disease can be cured practically instantaneously as by the waving of a magic wand.

Perhaps this complex has to a great extent been induced by statements in the daily press that venereal disease can be cured in one day by the use of one of these drugs. Whether this claim is literally true or not the layman would need to undergo an undesirable experience before he could form a decided opinion. But even if the story of this rapid cure were true, to publicize it is to encourage a low moral tone—a depth to which too many

persons are willing to sink in these days when so many conventions are A.W.L. "We can go all out; no matter what happens we become clean again." This is the feeling the alleged miracle cure inspires, while the victims-to-be forget that there are varying degrees of virulence in V.D. as in other diseases.

Many persons with a predisposition to tuberculosis or other diseases may now imagine that they have only to go to bed when they cannot keep going any longer and that penicillin, etc., will do the rest. A campaign to encourage preventive efforts on the part of the people is needed; they should be induced to help themselves by helping nature.

We have in mind, too, that if the people are not warned that everything cannot be left to the wonder drugs there may come a tendency to forget what they owe to the public hospitals, with consequent slackening of voluntary help—followed by a

rude awakening when a great rush of in-patient needs arises. There are so many and such great demands upon our public hospitals that they should not be besieged by patients who, if they had known better, would not have become cot cases.

—Editorial, "The Hospital Magazine", Melbourne, Australia.

Red Binder Tape


A doctor in Northern Ireland gave an expectant mother the required certificate to enable her to obtain additional clothing and food. This a woman official declined to accept, on the ground that the form had been incorrectly completed.

When the doctor telephoned to her she informed him that the dates on the form were incompletely given.

He pointed out that there were only two dates relevant—the date when he made the diagnosis, October 20, 1944, and the date of the expected confinement, January 24.

"Oh, yes," said the lady at the Ministry triumphantly, "that was it. You didn't state what year."

—From the "London Daily Telegraph".



CASH'S

WOVEN NAMES

For

ECONOMY and SANITATION

"A place for everything and everything in its place" is a medical necessity—towels, sheets and all linens should be marked for each ward or department with CASH'S WOVEN NAMES. Uniforms and all wearables of nurses, orderlies, doctors should be identified individually. Lost laundry, mislaid linen, wrongly used towels mean losses in money, in time, in sanitation, in good management.

CASH'S NAMES will stop these wastes, cut replacement costs, identify instantly. They are the sanitary, permanent method of marking. Quickly attached with thread. (NO-SO not available for duration).

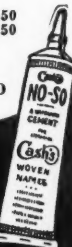
Write and let us figure on your needs—whether institutional or personal.



12 doz.	\$3.00	9 doz.	\$2.50
6 doz.	\$2.00	3 doz.	\$1.50

(Larger size, wider tape names, discontinued until further notice)

CASH'S

BELLEVILLE, ONTARIO
25 GRIER STREET



THIS RAPID TUMBLER DRYER

Is Needed in Every Hospital Laundry

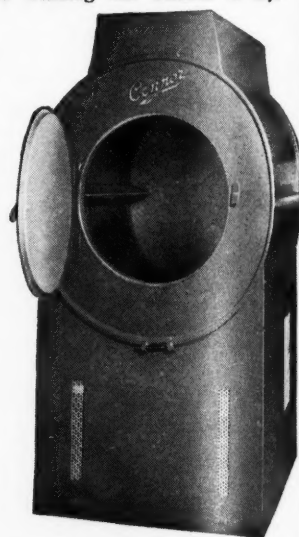
Rapid Loading—Rapid Drying—It Speeds up the laundry work—No waiting for clothes to dry.

No. 2 Rapid Tumbler Dryer — capacity 26 pounds of dry clothes in 30 to 45 minutes. Cylinder 36" diameter, 24" deep. Supplied with steam, electric or gas heater.

No. 3 Rapid Tumbler Dryer — capacity 32 pounds. Cylinder 36" x 30". Equipped with gas or steam heater only.

No. 3 costs only \$438.00
No. 2 costs only \$400.00
(less sales tax to hospitals on Govt. list).

Write for catalogue and price list of Complete Laundry Equipment.



J. H. CONNOR & SON LIMITED

10 LLOYD STREET
WINNIPEG
242 Princess St.

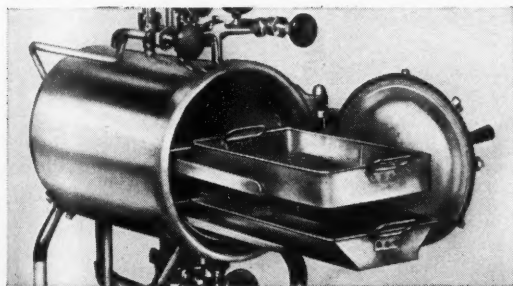
OTTAWA, ONTARIO
MONTREAL
423 Rachel St. E.

HERE'S THE *Answer* TO YOUR *Personnel* PROBLEM

The Castle No. 100 Instrument Washer-Sterilizer, designed especially to maintain the most rigid aseptic technique, saves time and labor in the surgery. In a single automatic operation, it cleans, sterilizes and dries the instruments for immediate use by the surgeon.

It is so simple and easy to operate that one nurse or attendant can accomplish the entire washing-sterilizing cycle in 8 to 12 minutes . . . doing away forever with the old, time-consuming practice of scrubbing and boiling instruments.

Castle HI-SPEED STERILIZER



The Castle Hi-Speed Sterilizer is the ideal complement of the Washer-Sterilizer. With both you have a sterilizing team that will fill every sterilizing need. The Hi-Speed can be raised to 270° F. in one minute and will destroy spores of the most heat resistant organisms in a sterilizing period of three minutes. For emergency or routine use, there is no substitute and no alternative for this Hi-Speed Sterilizer.

For further details of the Castle technique, which covers every phase in the technical handling of instruments, write: Wilmot Castle Co., 1176 University Avenue, Rochester, N. Y.

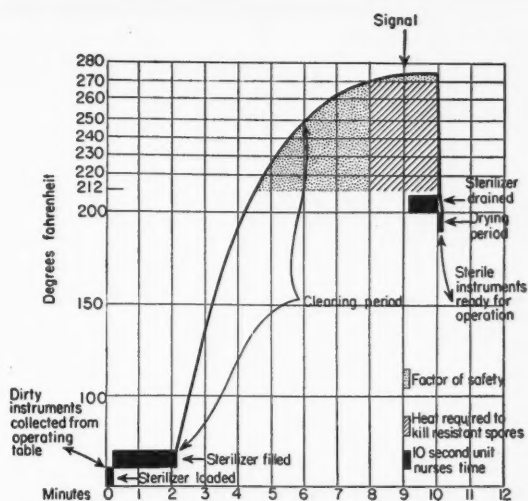
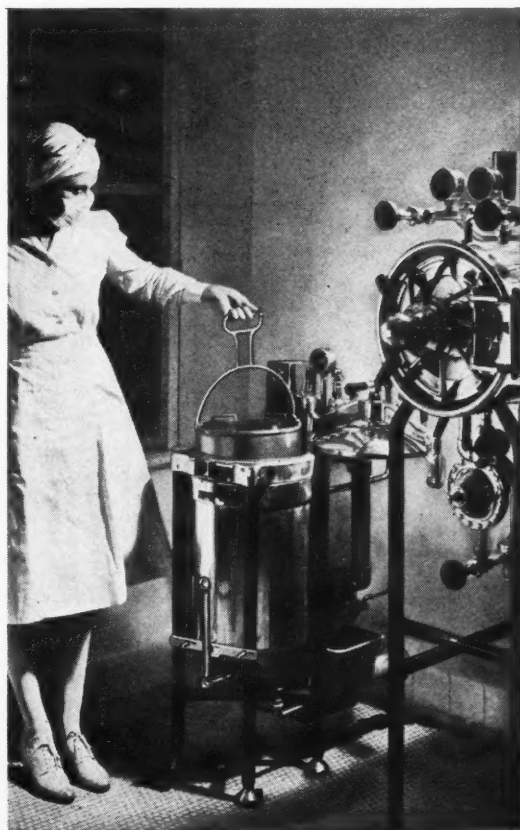


Chart shows time and temperature during a normal operation of the Instrument Washer-Sterilizer.



 **Castle**
STERILIZERS AND LIGHTS

Regional Conference

(Concluded from page 43)

mainly confined to District No. 1, which includes the five southwestern counties—Essex, Lambton, Kent, Elgin and Middlesex. However, representatives of District No. 2 (Brant, Waterloo, Wellington, Oxford, Norfolk, Huron and Perth), and District No. 3 (Bruce, Dufferin, Grey and Haldimand), urged that a larger Western Ontario Conference be set up. This question is under advisement. District No. 1 has 13 general and seven special hospitals; the addition of the other districts would add another twenty hospitals. It was agreed that the annual fee be \$5.00 per hospital. Two meetings are to be held annually.

Officers Elected

Hon. Chairman: Dr. Harvey Agnew. Hon. Vice-Chairman: Dr. F. W. Routley. Chairman: Miss Priscilla Campbell, Chatham. Vice-Chairman: Dr. L. J. Crozier, London. Secretary-Treasurer: Mr. Horace Atkin, Windsor.

Additional Executive Members

Dr. G. H. Stevenson, Ontario Hospital, London. Dr. G. Jeffrey, Essex Sanatorium, Windsor. Dr. P. J. G. Morgan, East Windsor Hospital. Sister St. Elizabeth, St. Joseph's Hospital, London. Miss R. M. Beamish, Sarnia General Hospital. Col. H. Buck, O.C., M.D. No. 1, London.

Note: All hospitals in the district desiring to join this organization should mail the cheque to Mr. Horace Atkin, Treasurer, Regional District No. 1, c/o Metropolitan General Hospital, Windsor, Ontario.

Far-North Blood Clinic

According to the "Alaska Highway News", the blood donor clinic held recently at Fort St. John, B.C., was a big success. More donors volunteered than the mobile clinic could handle, and officials declared themselves more than pleased with the results. Blood was drawn in the hospital operated by the Sisters of Providence, and on one occasion the equipment was flown in to prospective donors by C.P.A. plane.

Correspondence

Maritime Blue Cross Plan Explains Individual Enrolment

To the Editor:

I am receiving inquiries from other Canadian Plans concerning an item which appeared in the April issue of *The Canadian Hospital*, which they interpret as meaning we are accepting individual memberships in our Plan.

Our policy in this connection is stated in our explanatory pamphlet: "26. May an individual enrol directly with the Plan?"

"Only during a community-wide campaign, conducted by the Plan, if not eligible to enrol with a payroll deduction group."

Sincerely yours,

Maritime Hospital Service Assoc.,
"Ruth C. Wilson"
Executive Director.

In the development of the human mind a fertile error is of infinitely more value than a sterile fact.—
Luciani.

"MOIST HEAT"

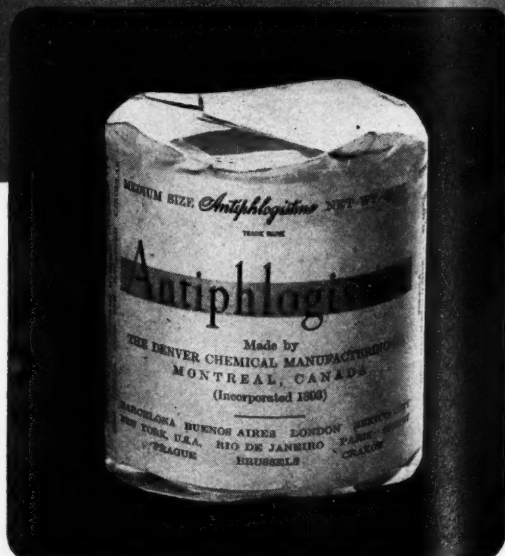
FOR

Pain, Swelling, Soreness

In the treatment of boils or other localized infections where "Moist Heat" is indicated, the "Moist Heat" of ANTIPHLOGISTINE helps relieve pain, swelling, and soreness.

Applied comfortably hot, ANTIPHLOGISTINE supplies "Moist Heat" for several hours. ANTIPHLOGISTINE may be used with chemotherapy.

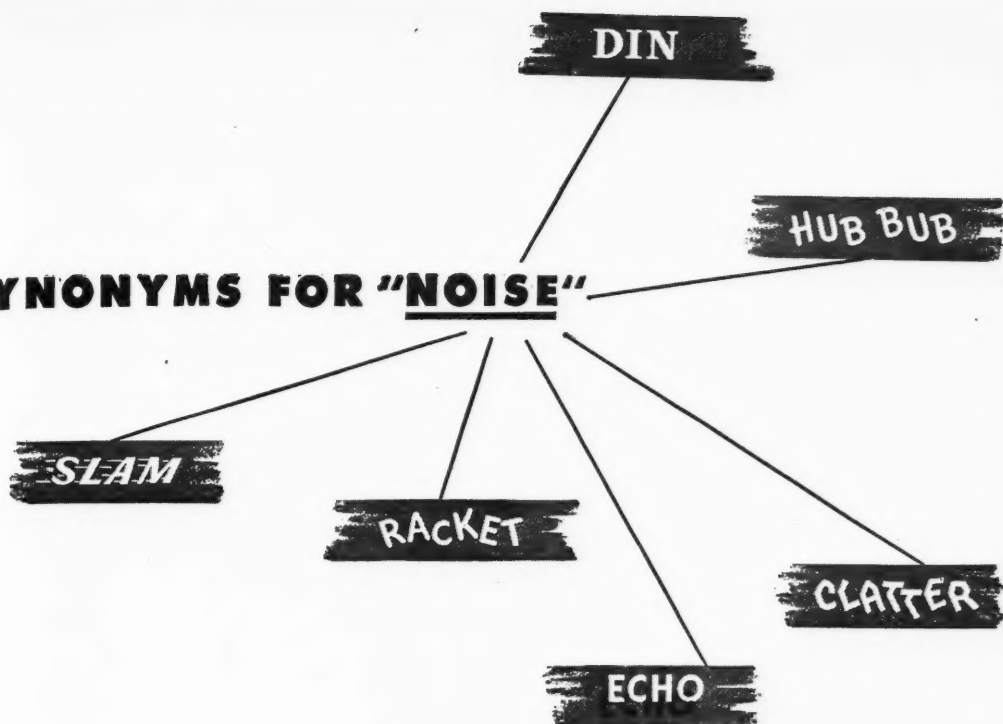
The "Moist Heat" of ANTIPHLOGISTINE is also effective in relieving the pain and swelling of a sprain, bruise or similar injury or condition.



The Denver Chemical Mfg. Company
153 Lagachetiere Street W., Montreal



SIX SYNONYMS FOR "NOISE"



SIX proper words. All in the dictionary. And you probably know other "synonyms" for noise.

However, whatever you may call it, noise is a real problem in many hospitals. It frays nerves, retards recoveries. It increases the fatigue of over-worked staffs. Today—due to overcrowding and inexperienced help—there's more noise on every floor.

There's a simple, effective way to reduce harsh noise. Do as leading hospitals do: Sound Condition with Acousti-Celotex sound-absorbing tile. The results will amaze you! Nerves relax, tempers stay under control. Fatigue is reduced in both patients and staff.

Prove this to yourself. Quiet just one noise centre first—perhaps a diet kitchen or corridor.

ACOUSTI-CELOTEX
PERFORATED FIBRE TILE—SINCE 1923

Dominion Sound Equipments
LIMITED

Head Office: 1620 Notre Dame Street West, Montreal

BRANCHES AT: HALIFAX TORONTO WINNIPEG REGINA CALGARY VANCOUVER

Acousti-Celotex, the famous perforated tile and America's most widely used acoustical material, can be applied quickly and quietly without disturbing routine. It can be painted without loss of efficiency.

The Dominion Sound representative nearest you will be glad to consult with you without obligation. He is sound conditioning headquarters . . . a member of the world's most experienced organization in this field . . . and he guarantees results.

FREE: Informative, illustrated booklet, "The Quiet Hospital". Mail the coupon for your copy, today.

DOMINION SOUND EQUIPMENTS LIMITED,
1620 Notre Dame St. West,
Montreal, P.Q.

Please send your FREE booklet, "The Quiet Hospital".

Hospital

Name

Address

City Prov.

World Famous Spring-Air Mattresses

Before very long we hope that 4-star Spring-Air Mattresses will again be available to civilian hospitals. In the meantime we would ask you to keep these facts in mind:



Comfort that Fits

Just as the glove should fit the hand, so should your mattresses fit the body. Spring-Air does. There is within the construction an automatic adjustment to both your weight and shape—making it seem that Spring-Air was tailor-made especially for you.



Comfort for Keeps

To be fair to your patients, your mattresses should not only be comfortable, but they should stay that way. Spring-Air does. The construction does not weaken, nor lose its original comfort. It is guaranteed for as many as 15 years! Your patients will always enjoy the same freshening comfort as when the mattresses were new—never a let-down!



Scientifically Complete

You want mattresses that have all of the desirable features—smooth edges, upright sides, effective ventilation, efficient handles, stretch-proof ticking, etc. Spring-Air has them. They are real, not phony—functional, and not just ornamental.



Ratified by Users

Laboratory tests are impressive—but it is the word of the user that counts! Spring-Air carries off the honors, whether it be in the laboratory, or on hospital beds. You neither experiment, nor take anything for granted, when you buy Spring-Air for your institution.



Type 2. This bench-made Spring-Air with pre-built, ventilated border and taped smooth edge, and with its special Karr spring construction is the choice of hundreds of modern hospitals. It is tops in inner-spring construction.

**THE CANADIAN FEATHER &
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692 Wellington St., Ottawa

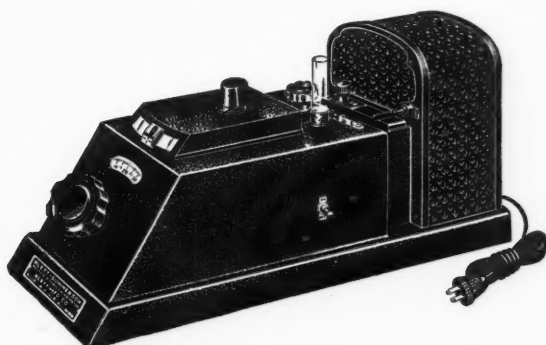
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MICRO-MACRO



THE KLETT-SUMMERSON photoelectric colorimeter was developed for the specific purpose of bringing to every laboratory, large or small, all the convenience and advantages of modern photoelectric colorimetry at an extremely low cost . . . but at no sacrifice to analytical precision or simplicity of operation. During the several years of intensive study of photoelectric colorimeters which led ultimately to the KLETT-SUMMERSON colorimeter, practically every conceivable combination of photoelectric cell, light source, solution container, and current meter was tried. From these years of testing developed the simple, reliable, and accurate arrangement which is the basis of the KLETT-SUMMERSON instrument.

KLETT-SUMMERSON photoelectric colorimeters are now in continu-

ous daily use in clinical and analytical laboratories everywhere. Their applicability to every colorimetric problem attests to the fundamental soundness of the principles upon which this instrument is based.

No. A23-650 Klett-Summerson photoelectric colorimeter. Micro-Macro. Complete as illustrated with two graduated test tubes, manual of instruction, two filters, (Nos. 42 and 54), one filter holder (No. 808), wooden box to hold unmounted filters \$176.12

No. A23-660 Test tubes calibrated, plain, not graduated, each .48
dozen 5.00

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No. A23-671 Micro test tubes, flat bottom, acid resistant, 1 ml. capacity each 1.43

No. A23-672 Extra lamp bulb 110-120 volt 2.14

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Prices shown are duty free F.O.B. Toronto or Montreal.

Catalog sent upon request.

CANADIAN LABORATORY SUPPLIES
Limited

TORONTO

Vancouver

MONTREAL

Labour Tactics

(Concluded from page 33)

against the day when the man or woman who has been serving in the Armed Forces returns and would like the old job back again. It has been reported several times to hospital officials that employees have been told by union representatives that they would be out of a job when the boys get back unless they would join the union. If they did so, they could not be put out.

If the public realized that one effect of hasty unionization would be to make it more difficult for former employees who have served their country in the Army, Navy, Air Force and Merchant Marine to get their old job back, there would be a great deal less sympathy for the principle of wartime unionization.

The hospitals have not claimed that their wages are high but it should be known the wages have been increased tremendously in the last few years and are uniform in Toronto hospitals by arrangements made through the Toronto Hospital Council.

It is not generally known that this

particular hospital has increased its payroll by some \$420,000 a year since the outbreak of war. This has placed a terrific strain upon the hospital and further increases could only be met by increasing private patients charges. Rates to private patients cannot be raised any higher.

Moreover, it is of interest that the amounts received from all sources by this particular hospital to meet the costs of hospitalizing ward patients during the first three months amount to \$3.06. The salary payments alone for that same period averaged \$3.18 per patient day! This meant an actual loss before any costs for food, medical supplies, equipment, heat, light, insurance and other costly items be included.

The proposed further increases demanded would mean an increase in the payroll of \$36,000 a month or \$432,000 a year.

The S. S. Goldwater Fellowship

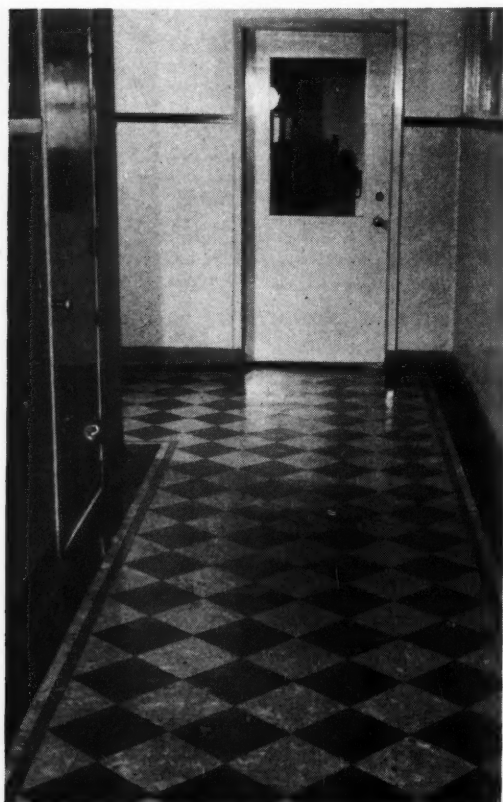
The S.S. Goldwater Fellowship in Hospital Administration at Mount Sinai Hospital, New York, is available to students and workers in the field of hospital administration. The

remuneration provided is for \$1,000 and full maintenance. The appointment is for one year. The year will be spent in studying the writings and practices of the late Dr. Goldwater, in observing and participating in many phases of the daily administration of Mount Sinai Hospital and in visiting and observing administrative activities in other important hospitals in New York City.

Application should be made by letter to Dr. Joseph Turner, Director, Mount Sinai Hospital, New York.

Eye Bank Planned for Civilians in U.S.

Newest "bank" in the United States is the Eye Bank of Sight Restoration Inc., with headquarters at the Manhattan Eye, Ear, Nose and Throat Hospital. The network of depositors of the bank—22 hospitals—is designed to provide an interstate system for the quick collection and distribution of human eyes. In these hospitals human corneas are stored until needed for grafting operations that may restore vision lost through damage or disease.



A Typical Corridor in the Ciba Building, Montreal.

What makes this corridor so attractive?

Here is another example of how a well-laid floor can express the whole character and purpose of a building. In this case, beauty, resiliency underfoot and ability to stand up for constant traffic were required and, because of this, ARMSTRONG'S ASPHALT TILE was used. Ten years from now this floor will be quite as attractive as it is to-day, for such is the enduring quality of ARMSTRONG'S ASPHALT TILE.

ARMSTRONG CORK & INSULATION
Company  **Limited**

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TORONTO

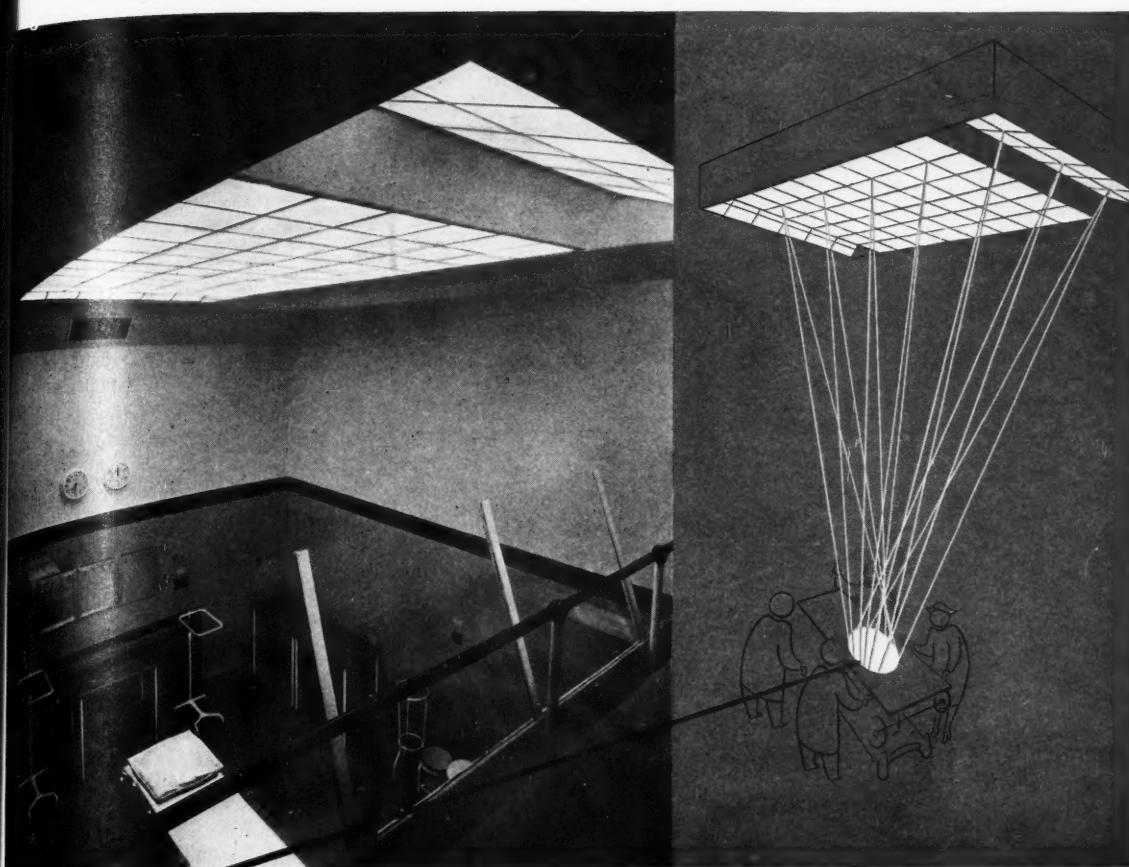
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Facilities for Services Expanded

Buildings of the disbanded air training centre at Malton, Ontario, will be used as a convalescent hospital for inter-operative military patients, with provision for active treatment cases if necessary.

The 700-bed special treatment hospital operated by the R.C.A.F. at St. Thomas will be enlarged by 400 beds. It will continue to be administered by the R.C.A.F., but army casualty cases from overseas will receive special treatment there as well as air force casualties.

It was learned, too, that a proposal that the new Sunnybrook Military Hospital be affiliated with the University of Toronto was under "active consideration" by the Department of Veterans' Affairs.

Free Penicillin for Indigents

The City Council of London, Ontario, has decided to pay for penicillin treatment for all indigent patients in Victoria and St. Joseph's Hospitals. A special request was made for this because of the high cost of penicillin.

Intern Report

(Concluded from page 41)

the hospitals that are not as well known to prospective interns have much difficulty in obtaining enough interns to carry on their services. As for the C.I.B. it has no power whatsoever to place interns other than as indicated by the students themselves and as replies from the hospitals would indicate their willingness to accept the interns. Despite these difficulties the C.I.B. takes satisfaction in noting that 80 per cent of the applications were allocated to the hospitals of their first choice and that 91 per cent of the applicants received either of their first two choices.

Hospitals in Britain

(Concluded from page 48)

one expects the general practitioner to be an expert in occupational diseases, but it is important that a practical course in preventive medicine should give him some knowledge of industrial conditions in their relation to the health of the workers.

It is claimed that Great Britain has long had a high reputation in the promotion of industrial health. If the recommendations of this Committee are carried promptly into effect the results should do much to maintain it.

With the Auxiliaries

(Concluded from page 51)

The Canadian Hospital Council convention will be held September 19th to 21st at the Royal Connaught Hotel, Hamilton. All advisory members who are members of the C.H.C. Women's Hospital Aids Committee are requested to attend.

Many will regret to know Mrs. T. Kidd of Kingston, a member of the Provincial advisory and president of the Kingston General Hospital Aid, had the misfortune to break her ankle.

The Belleville Women's Hospital Aid, under the capable convenorship of Mrs. J. G. Galloway, held a model exhibition of dresses, coats, suits, furs, costume jewellery, etc. Tickets were sold and the sum of four hundred dollars was realized. — Mrs. Margaret Rhynas



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Arctic Survey

(Concluded from page 37)

should be made, if necessary, to bring all hospitals up to uniform standard.

7. A tuberculosis officer should be appointed for the area, and a sanatorium be built and operated at Fort Smith by the Department to serve as the centre for diagnosis and treatment. Clinics for early diagnosis should visit all centres annually. This could be done by staggering Indian treaty trips and utilizing portable x-

ray equipment, able to generate its own power if necessary.

Hospitals should be used for treatment of tuberculosis. There are approximately 150 empty beds throughout the area that could be used for treatment, suitable cases being sent to the sanatorium. Every effort should be made to persuade the Indians to take institutional treatment and thus remove open cases from the settlements.

8. Nursing and First Aid Centres should be introduced at points where population does not justify a resident doctor, e.g., Fort Good Hope, Arctic Red River, Fort McPherson, Providence, Fort Liard and Reliance.

9. Medical officers should undertake regular visits to schools, to conduct annual examination, including x-ray examination, of all pupils. No active cases of tuberculosis should be permitted to remain in schools. Vaccination and immunization should be carried out. Standard diet for the schools should be outlined and uniformly provided.

10. Dental services should be made available to the area.

11. Nutritional studies and surveys now undertaken by the Department should be extended to the North West Territories.

"Stamp Out V.D."

Campaign by Health League

The Health League of Canada and the Canadian Pharmaceutical Association have joined forces to stage a special venereal disease campaign, May 21st to 26th. In this special campaign, Canada's 3,865 operating retail druggists are being asked to display posters, window streamers and counter cards, which will be supplied by the Health League.

It is recognized that venereal diseases are among the first causes of disability in death. The increase in venereal disease during the first few years of the war made it imperative that concerted efforts be taken to eradicate these conditions. The situation is so serious that campaigns of this type are most timely and should be supported by everyone interested in the health of the nation. This participation of the Canadian Pharmaceutical Association should be particularly effective.

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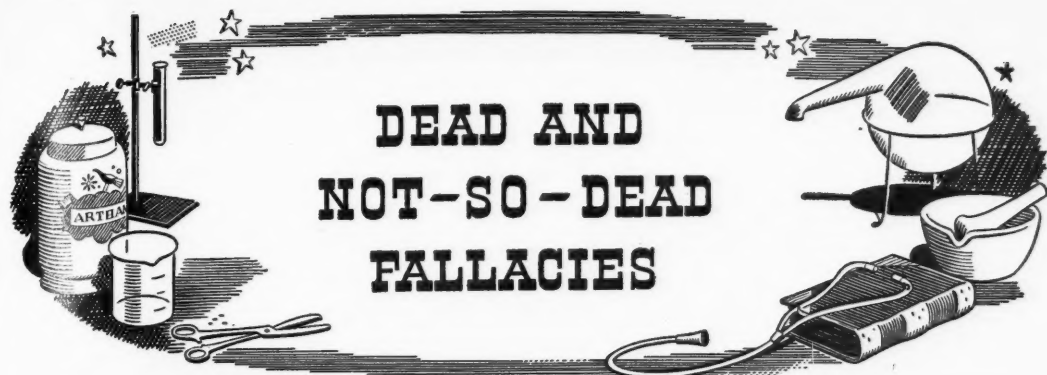
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Index of Advertisers

MAY, 1945

American Can Company	85
American Cystoscope Makers, Inc.	22
Angus, H. H.	66
Anso of Canada, Limited	65
Armstrong Cork & Insulation Co. Limited	80
Aseptic-Thermo Indicator Company	64
Bauer & Black Limited	47
Baxter Laboratories of Canada Limited	67
Bland & Company Limited	14
Borden Company Limited	71
British & Colonial Trading Co. Limited	16
Burroughs Wellcome & Company	53
Canadian Feather & Mattress Co. of Ottawa Limited	78
Canadian Industries Limited	4
Canadian Hoffman Machinery Co. Limited	IV Cover
Canadian Kodak Co. Limited	49
Canadian Laboratory Supplies Limited	79
Canadian Laundry Machinery Co. Limited	II Cover
Cash, J. & J. Inc.	74
Castle, Wilmot Company	75
Citrus Concentrates Inc.	84
Clay-Adams Co. Inc.	68
Coca-Cola Co. of Canada, Limited	66
Connor, J. H. & Son Limited	58, 74
Corbett-Cowley Limited	III Cover
Crane Limited	26
Darnell Corporation of Canada Limited	72
Davis & Geck, Inc.	23
Denver Chemical Manufacturing Company	76
Dominion Oxygen Co. Limited	15
Dominion Sound Equipments Limited	77
Dunham, C. A. Co. Limited	73
Dunlop Tire & Rubber Goods Co. Limited	62
Dustbone Products Limited	13
Eaton, T. Co. Limited	86
Financial Collection Agencies Limited	60
General Electric X-Ray Corporation	3
Hanovia Chemical & Manufacturing Co.	57
Holophane Co. Limited	81
Hygiene Products Limited	8
Ingram & Bell Limited	22, 67
International Nickel Co. of Canada Limited	55
Johnson & Johnson Limited	18-19
Johnson, S. C. & Son Limited	63
Leeming-Miles Limited	21
Lilly, Eli & Company (Canada) Limited	5
Mallinckrodt Chemical Works Limited	20
Master Surgical Instrument Corp.	17
McKague Chemical Company	6
Merck & Co. Limited	24
Metal Craft Co. Limited	11
Milani, Louis Foods	82
Northern Credits Limited	86
Oakite Products of Canada, Limited	16
Ohio Chemical & Manufacturing Company	59
Oxygen Company of Canada, Limited	59
Parkhill Bedding, Limited	78
Reckitt & Colman Limited	10
Scanlan-Morris Company	61
Sharp & Dohme (Canada) Limited	70
Singer Sewing Machine Company	25
Sleepmaster Limited	78
Smith & Nephew Limited	83
Stafford, J. H. Industries Limited	7
Sterling Rubber Co. Limited	20
Stevens Companies, The	72
Surgical Supplies (Canada) Limited	9
Trane Company of Canada Limited	12
Vancouver Bedding Limited	78
Victor X-Ray Corporation of Canada Limited	3
West Disinfecting Company	69
Wood, G. H. & Co. Limited	51

ers

85	.....
22	.....
86	.....
65	.....
80	.....
64	.....
47	.....
67	.....
14	.....
71	.....
16	.....
53	.....
78	.....
4	.....
IV Cover	.....
49	.....
79	.....
II Cover	.....
74	.....
75	.....
84	.....
68	.....
66	.....
58, 74	.....
II Cover	.....
26	.....
72	.....
23	.....
76	.....
15	.....
77	.....
73	.....
62	.....
13	.....
86	.....
60	.....
3	.....
57	.....
81	.....
8	.....
22, 67	.....
55	.....
18-19	.....
63	.....
21	.....
5	.....
20	.....
17	.....
6	.....
24	.....
11	.....
82	.....
86	.....
16	.....
59	.....
59	.....
78	.....
10	.....
61	.....
70	.....
25	.....
78	.....
83	.....
7	.....
20	.....
72	.....
9	.....
12	.....
78	.....
3	.....
69	.....
51	.....

TAL

JUN